**BETTER LIFE YOGA HEALTH QUESTIONNAIRE**

Name: ………………………………………………………………..………………………………………………………….……..…...…

Address: …………………………………………………………………………………………………………………………..……..……..

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Telephone …………………………………………………Email ……………………………………………………………………………

May we contact you via email about future yoga workshops and classes YES/NO

Emergency contact name AND phone number: …………………………………………………………………………….

**Your age group** 16-20 21-30 31-40 41-50 51-60 61-70 71-80 81 +

 **Have you practised yoga before?** If so what type of yoga and how often?

**Are you a newcomer to physical activity**?

**Have you any history of heart trouble?**

 **Have you suffered from any serious illness/ surgery in the last 6 months?** If yes please specify below

 **Do you regularly take medication?** If yes please specify below

**Do you suffer from any of the following? (If "yes" please circle and then give some more details overleaf)**

Breathing problems Back problems Bone or joint problems

Cancer Chest pain Deafness

Diabetes Dizziness Epilepsy

Headaches High/low blood pressure Chronic fatigue syndrome/M.E.

Multiple Sclerosis Osteoporosis Palpitations

Eye conditions Shoulder problems Varicose Veins

Asthma Anxiety/stress Mental health problems Other injuries

Arthritis Vertigo

N.b If you are pregnant or become pregnant please inform your teacher.

**Please give further details on any conditions/injuries as mentioned above:**

**If there are any other conditions that may affect your participation, please describe below**

*If you have answered yes to one or more questions we may need you to contact your doctor before starting to exercise. If your health changes so that you may then answer YES to any of the questions tell your yoga teacher as soon as possible.*

I have completed the questionnaire and I am aware that exercise and physical activity involves a risk of injury and confirm that I am voluntarily participating in these activities with the knowledge of the potential dangers involved. I confirm that I assume all responsibility for the consequences of my participation, I will also inform my yoga teacher of any changes in my medical condition that may have occurred, including injuries, prior to each class,

I declare myself physically sound and suffering from no conditions, impairments, infirmity or illnesses that would prevent me from participating in physical activity.

I assume and accept all risk of injury, including death.

I have read, understood and completed this questionnaire to my full satisfaction.

Signature …………………………………………………. Date …………………………………………

[www.betterlifeyoga.co.uk](http://www.betterlifeyoga.co.uk)

*Your data*

*Theresa Samworth is the data controller for any personal information collected in this form. Your information will be used* *to keep you informed, store an emergency contact if necessary and to gather relevant health information in order to protect you during class and/or make adjustments to suit your needs.*

*Collection and processing of personal information is being conducted relying upon a contractual legal basis and a legitimate interest. I will not share your information with any third parties and will store your data securely. Your information will be held for a period of 7yrs as required for insurance and sales records.*

*For more information about your data protection rights or to complain if you are unhappy with how your personal data has been used, please see the Information Commissioner’s Office website at* <https://ico.org.uk/>*.*