

## Pre Course Questionnaire

Please fill out this form and return to Venetia upon completion

(all information given is strictly confidential)

Name –

Tel number –

Email -

Emergency contact number (neighbour, friend or relative)-

Do you take regular exercise?

Yes No

If yes please explain

.....  
.....

Have you practiced yoga before?

Yes No

If yes, for how long and what type?

.....  
.....

Do you suffer from any of the following?

**High Blood Pressure**

Yes No

**Low Blood Pressure**

Yes No

**Heart or chest problems**

Yes No

**Epilepsy**

Yes No

**Diabetes**

Yes No

**Ear or eye problems**

Yes No

**Back problems**

Yes No

**Joint problems**

Yes No

**Hiatus hernia**

Yes No

**Anxiety**

Yes No

**Migraine**

Yes No

**Allergies**

Yes No

**Any other relative ailments**

Yes No

**Any recent operations**

Yes No

**Could you be or are you pregnant?**

Yes No

If yes please explain

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.....

What would you like to gain from your yoga practice?

.....  
.....

**I sometimes assist students with hands on adjustment.**

**Is this a problem to you?**

Yes No

### Declaration

I declare that the information I have given is correct and will inform the teacher if there are any changes.

I understand that I enter any form of exercise at my own risk.

Signed .....Date.....