



Sheffield  
Satyananda Yoga School

## Health Questionnaire

To enable you to get the maximum benefit from our classes, please complete the following questionnaire.

Name		Date	
Address			
Telephone number			
Email Address			

1. Why do you want to come to a yoga class? What do you hope to achieve?  
*e.g. strength/flexibility, health/fitness, better posture, stress relief, mental & emotional well being.*
  
2. Have you been to yoga classes before? Give details:  
*i.e. when, where, for how long*
  
3. Do you have any back problems? Or a history of back problems?  
*e.g. lower back ache, sciatica, 'slipped' disc.*
  
4. Do you have pain or limited movement in any joints? Give details:

5. Are you, or have you been pregnant in the last 18 months? Any complications?

6. Have you had an operation, injury or serious illness in the last 2 years? Give details:

7. Please indicate if any of the following conditions apply to you:

<input type="checkbox"/>	High/Low Blood pressure	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	IBS
<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	Joint Replacement	<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Panic attacks	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Other:				

8. Please write any other comments / relevant information here:

*e.g. Medication*

*All information is held in the strictest confidence.*

*Please inform the instructor of any relevant changes in your medical condition that arise during the course.*

*Please feel welcome to ask questions or give feedback on any issues relating to the class.*

*If you need more space to write, please use the back of this sheet.*