

Name:	
Address:	
Phone no:	
Email:	
Emergency contact: Name:	
Phone no:	

Confidential medical questionnaire.

Please tick alongside and give further details overleaf.

It is important to discuss with your teacher where a box has been ticked. The teacher cannot be held responsible for any problems arising from conditions where the information has not been volunteered.

Allergies		High/Low Blood Pressure	
Asthma		H.I.V.	
Arthritis or Rheumatism		Injuries (specify)	
Anxiety or Panic attacks		Joint problems (specify)	
Cancer		Major illness or surgery	
Circulatory problems		Menieres Disease	
Depression (or history of)		Migraines/Headaches	
Detached Retina		Multiple Sclerosis (ME)	
Diabetes Type 1 or Type 2		Myalgic Encephalomyelitis (ME)	
Epilepsy		Pregnant	
Frequent nose bleeds		Skin conditions	
Given birth within 3 months		Stroke	
Heart Condition		Thyroid problems	
Heart Attack		Varicose Veins	

Have you done Yoga before? YES / NO If yes, how long for and what type?

Where did you hear about Iyengar Yoga with Sarah?

Signed:

Date: