

**MEDICAL QUESTIONNAIRE YOGA**

Name:.....  
Contact number:.....

Do you have any medication that you may require during a class (eg insulin)? (You will be required to bring this medication to all classes). If the answer is no please type none. If the answer is yes please give details.

Do you have any problems with any of your joints? If the answer is no please type none. If the answer is yes please give details.

Are you pregnant, and if so when is the delivery date?

Please let us know if you have any of the following conditions? If you have please give further details below or on a separate piece of attached paper is necessary. If you do not suffer from any of these please select none.

- Hypertension (high blood pressure) or hypotension (low BP)
- Heart disease (eg angina) or other heart condition
- Have you had a heart attack (if yes, when?)
- Epilepsy (major or minor)
- Stroke (CVA)
- Diabetes (type I or type II)                      Type 1                       Type 2
- Have you had, or are you having, treatment for cancer?
- Do you have eye problems (eg detached retina, glaucoma)?
- Have you had Menier's disease?
- Multiple sclerosis
- Myalgic Encephalomyelitis (ME)
- Parkinsons
- HIV
- Osteoporosis or osteopenia (thinning bones)
- Asthma
- Varicose veins
- Acute anxiety or panic attacks
- Depression
- Other
- None

Please note that all information is treated in total confidence if you have any questions regarding this form or suitability of classes please call the centre and a message will be passed on for the tutor to call you.