**The Yoga-Lounge Health Questionnaire**

So that we can ensure you are safe to practice please complete this health questionnaire.

For most people, Yoga and Pilates should not pose any problem or hazard. This health questionnaire is designed to identify any risks these activities may pose to individuals. It also enables the teacher/instructor to have some background knowledge of their client(s).

*All information will be treated confidentially.*

Have you ever been **diagnosed** by a professional to have or previously had any of the following medical conditions? If you have not been diagnosed, **do you suffer with any symptoms** related to the conditions below?

Please tick and give further details;

Heart Conditions
High Blood Pressure
Low Blood Pressure
Arthritis
Osteoporosis
Hypermoblity
Disc Related Injuries
Lung Conditions i.e. Asthma
Diabetes
Epilepsy
Gynaecological Problems
Eye Conditions
Mental Health Disorders
Cancer
**Any other condition you think are relevant and may affect your practice.** i.e Migraines, Sciatica, Digestive

Have you recovered from COVID-19? **Yes/No**

***If you are suffering from the effects of Long-COVID please let us know and discuss how best to assist you in returning to class***

Have you had a recent and/or major operation/chronic illness/injury? **Yes/No**

Do you smoke? **Yes/ No**

Are you currently taking any medication of which the teacher/instructor should be made aware? If so,

what.............................................................................................................. **Yes/No**

Are you pregnant or have you had a baby in the last 6 months? **Yes/No**

Is there any other reason why you should not participate in physical activity? **Yes/No**

**If you answered yes to any questions please give further details below**

***This Form is 2 Sided Please Turn Over***

**PLEASE NOTE:**

If your health changes so that subsequently you answer **YES** to any of the questions overleaf, inform your teacher/instructor immediately.

**Delay your practice if you or anyone you have been in contact with feels unwell and is suffering with any COVID-19 related symptoms. These include: high temperature; a new continuous cough; loss or change of your sense of smell or taste.**

**Do not come to class if you have travelled in the last 10 days to a quarantined restricted country and you have to self-isolate. For more info visit:** <https://www.gov.uk/guidance/coronavirus-covid-19-countries-and-territories-exempt-from-advice-against-all-but-essential-international-travel>

I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION.

***I understand my own body’s challenges and take full responsibility for my own practice at the Yoga-Lounge.***

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like to join our mailing list to receive our Newsletter, Promotions & Events?**

**Yes No (Please tick appropriate)**

**Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact name, phone number and relationship to you:**

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**How did you hear of The Yoga-Lounge?**

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Updated 7th April 2021