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| --- | --- |
| **Name:** |  |
| **Email:** |  |
| **Mobile:** |  |
| **Emergency contact name/relationship:** |  |
| **Emergency contact telephone:** |  |

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| Have you practiced yoga before? y/n |  |
| Duration/frequency/style |  |

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| **Your motivation for being interested in/attending a yoga class?**  **Which aspects of yoga most interest you?** | | | |
| Relaxation |  | Stress relief |  |
| Fitness |  | Strength |  |
| Flexibility |  | Pain relief |  |
| Mental/emotional wellbeing |  | Physical postures (asana) |  |
| Breath work (pranayama) |  | Philosophy |  |
| Meditation |  | Self-care |  |
| Physical Well-being |  | Yoga Nidra (yogic sleep) |  |

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| **Injuries and conditions** | | | |
| High blood pressure |  | Migraines |  |
| Low blood pressure |  | Sight/hearing/speech issues |  |
| Osteo arthritis |  | Eye conditions |  |
| Rheumatoid arthritis |  | Diabetes |  |
| Back problems |  | Hypermobility |  |
| Wrist problems |  | Heart problems |  |
| Shoulder problems |  | Anxiety |  |
| Neck problems |  | Depression |  |
| Knee problems |  | PTSD / C-PTSD |  |
| Hip problems |  | Pregnancy in the last 3 years |  |
| Ankle problems |  | Recent birth (caesarean/vaginal) |  |
| Recent fracture/sprain/break |  | Pregnant (please detail weeks) |  |
| Asthma |  | Endometriosis/cysts/PCOS/fibroids |  |
| Auto immune condition |  | Using IUD |  |

**Further detail:**(Details of injuries or condition/medication/limitations/health professional advice)

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|  |

This simple questionnaire provides me with the information needed to be in the best possible position to look after your health and wellbeing during classes. All information will, of course, be treated in the strictest confidence.

I will not use your details for marketing purposes. All information is stored on a password-protected laptop.

**DECLARATION AND DISCLAIMER:**

**Please read the following and sign below:**

I confirm that the above information is correct. I understand that it is my responsibility to:

* Check with my doctor if I have any difficulties or concerns about my ability to participate in the yoga class and/or activities
* Advise the teacher of any change in my medical information or other, which may be relevant, before the start of each session
* Follow the advice given by my doctor and/or yoga teacher (doctor’s advice will always prevail)
* Only do what feels comfortable and not to work into pain
* Listen to the voice of my inner teacher
* Let the teacher know if I experience any difficulty
* Practice mindfully and safely
* Not take any unnecessary risks
* Wear suitable clothing for the yoga sessions

Kelly Hopkinson of Kelly Hopkinson Yoga is not liable for any incidents resulting in injuries or fatality during participation in yoga.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (block capitals)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMATION**

Your safety, comfort and enjoyment of the session are my main priorities, so it is important that you disclose any issue or injury that could potentially affect your practice or experience of a gathering but please feel free to leave blank any question you do not wish to answer.

As well as completing this questionnaire please make a commitment to yourself to listen to your body, not push through pain and ask for guidance at any time and as with any new activity always seek the guidance of a medical professional before starting.

It is very important that you update me at the start of each session on the current state of any injuries or issues as our bodies are vastly different from one day to the next and I will always aim to make myself available at the start and end of class to answer and questions or queries. If you are following an online video you are welcome to email me with any follow up or questions pertaining to your home practice.

Yoga can be made accessible to almost anyone through a series of modifications or in some cases excluding some poses altogether and my aim is that over time we will work together to lead you to independence through building a good knowledge and understanding of what works and doesn’t work for your body on any given day and how to make the necessary modifications and adaptations.

**PRE-CLASS NOTES**

* **The most important part of yoga practice** is listening to your body and not doing anything you are not comfortable with or that causes you pain. You have explicit permission to stop and rest at any point. Balasana (child’s pose) is a lovely way to take a break and tune in with your body, joining back in whenever you are ready or getting my attention to find a way for you to continue with the practice
* Avoid eating a heavy meal 2 hours before class
* Please come prepared to work in bare feet, as this is essential for grip. If you are uncomfortable with being barefoot or have a tendency to get cold feet you can buy special sticky bottom toe socks designed specifically for yoga
* You will need to wear stretchy or loose clothes that you can easily move in and please bring some layers for final relaxation. Leggings or shorts with lining and a vest, t-shirt or long sleeve top are all good options.