

Dru Yoga Classes

Name:

.....

Address:

.....

Postcode and town:

.....

Telephone (home, mobile):

.....

E-mail:

.....

What are you hoping to gain from yoga classes?.....

.....

.....

The following information is treated as confidential. Please tick if you experience any of the conditions mentioned and provide details that may affect your ability to do yoga. It will help you benefit even more from the classes.

About my health...

My general health is:

excellent

good

manageable

challenging

I experience/have experienced:

- Heart condition.....
- Breathing problems.....
- Joint Problems.....
- High blood pressure.....
- Back/neck pain.....
- Headaches.....
- Lack of energy.....
- Depression/anxiety.....
- Other health issues.....

I am pregnant Y/N

I am taking the following medication.....

Please use the space overleaf if you want to say more about yourself

Disclaimer

I take full responsibility for my own health and wellbeing during the class and when I practise anything taught in the Dru yoga classes in another location.

Signature.....Date.....