

Rose Harmony Yoga & Wellbeing
Medical Form



1. Name:

2. Gender:

3. Date of Birth:

4. Telephone:

5. Email:

Would you like to join the mailing list, for information on my latest offerings and a monthly thought point? Y N

6. Address:

7. Have you ever done yoga before? Y N

8. If yes to question 8, which style(s) of yoga have you done before?

9. Have you been medically advised against taking any form of physical or breathing exercises? Y N

10. Are you currently or have you recently been pregnant? Y N

11. Have you, on more than one occasion, lost consciousness or fallen over as a result of dizziness? Y N

12. Do any of the following physical/mental conditions that apply to you? Tick as appropriate.

- | | | |
|-------------------|-------------------------|-------------------------|
| Heart Condition | High/Low Blood Pressure | Mental Health Condition |
| Chest Pain | Neurological Problems | Diabetes |
| Arthritis | Osteoporosis | Carpal Tunnel Syndrome |
| Visual Impairment | Hearing Impairment | Other |

13. If any of the conditions in question 12 applies to you, please provide more information. Include which condition it is, which part of the body has been affected, whether it is current, whether you currently take any medication for it and whether it gets better or worse with exercise.

14. Please describe your lifestyle. Include whether you exercise frequently, any sports or other physical exercise activities that you engage in frequently and anything else that you would like me to be aware of.

Next of Kin

15. Name:

16. Relation:

17. Telephone:

Consent

I consent to my next of kin being called and informed, in the case of an accident or emergency. Y N

I consent to the ambulance being called and informed, in the case of an accident or emergency. Y N

By signing this document you acknowledge that your participation in a class at Rose Harmony Yoga & Wellbeing is voluntary and fully at your own risk, subject to and governed by English Law and the exclusive jurisdiction of the Courts of England and Wales. This includes agreeing not to hold the teacher responsible for any injury, accidental or otherwise. You also consent to your information being held internally by Rose Harmony Yoga & Wellbeing, under a password protected file, to help reduce the chance of injury during the classes and inform you of any changes to the terms, conditions or policies at Rose Harmony Yoga & Wellbeing. Finally, you confirm that the information that you have provided is full, true and accurate to the best of your knowledge and agree to informing Rose Harmony Yoga & Wellbeing if the information changes.

Signature

Date