



Information Form

Please complete this form and bring with you to your first class. This information will help provide you with a class that will suit your needs.

Contact Information

Name

Address

Suburb

Postcode

Phone (primary)

Phone (other)

Email

Date of Birth

Emergency Contact Information

Name

Phone

To help me provide classes at times that suit you, please provide:

Your Preferred Class Days & Times

☐ M: ☐ am ☐ pm ☐ F: ☐ am ☐ pm
☐ T: ☐ am ☐ pm ☐ S: ☐ am ☐ pm
☐ W: ☐ am ☐ pm ☐ S: ☐ am ☐ pm
☐ T: ☐ am ☐ pm

How did you hear about yoga to you?

All information provided will be treated as confidential.

I understand that yoga to you cannot provide any medical advice and that it is my responsibility to practise within my own personal limits and that following any advice and guidance given to me is at my discretion.

Signature

Date

About You

Are you involved in regular physical activity? ☐ Yes ☐ No

If yes, what?

Have you attended other yoga classes? ☐ Yes ☐ No

If yes, when? For how long?

Type of yoga

What do you hope to gain from yoga?

Do you suffer from any of the following?

Headaches ☐ Yes ☐ No

Heart Condition ☐ Yes ☐ No

Dizziness ☐ Yes ☐ No

Joint Pain ☐ Yes ☐ No

Are you on any medication? ☐ Yes ☐ No

If yes, please provide details

Have you

Undergone surgery in the last 12 months? ☐ Yes ☐ No

Sustained an injury that continues to give you pain, discomfort or restricted movement? ☐ Yes ☐ No

If yes, please provide details

Are you pregnant? ☐ Yes ☐ No

Are you post natal? ☐ Yes ☐ No

Number of weeks?

Do you have any other special medical or physical conditions? ☐ Yes ☐ No

Provide details

[illegible]