



Sucram Yoga Student Health & Information Questionnaire

When starting the class for the first time you will be asked to fill in this questionnaire. If possible please download this page, fill in and bring to class. Thank you

The questionnaire is to gather information I feel is relevant to ensure a safe and happy practice so you get the most out of your sessions, whether that be in a class setting or a 1-1. Contact details are important to keep you updated regarding classes, events, Retreats & Yoga related products. All information given will be treated in the strictest confidence and stored in accordance with GDPR. Please note, your phone number will be added to my mobile phone to be used for contact when necessary via text messaging/WhatsApp group. For further information, see privacy policy at www.sucramyoga.co.uk

Name

.....

Address

.....

D.O.B (optional)

Mobile number

Emergency contact name and tel. no

.....

The following information is required to ensure your safety. Whilst yoga may be practised safely by the majority of people, there are certain conditions which require special attention. If you are unsure please consult your GP before commencing class.

Please tick the boxes below if you have any of the following medical conditions.

These conditions may require modifications to your yoga practice. If yes, please give details.

- Recent surgery
- Back pain
- Joint pain
- Heart disorders
- High blood pressure
- Low blood pressure
- Angina do you carry a spray?.....

These conditions may affect your practice and so provide useful information for your tutor.

- Asthma do you carry an inhaler?
- Diabetes
- Auto-immune disorder (e.g. M.E, M.S, Lupus etc)
- Epilepsy
- Anxiety/depression
- Sensory disorder affecting eyes or ears

Are you/could you be pregnant?

(Please note pregnancy is not suitable in some of my classes, please discuss with tutor to see if any class is suitable for you at this time)

If you have answered Yes to any of the questions above please discuss with Louise before attending the sessions.

Please sign name and date

Sign here Date
(Please see overleaf)

Disclaimer

I confirm the above information on this questionnaire 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.
- advise the yoga tutor of any change in my medical information
- follow the advice given by my yoga tutor but if conflicting must be over ruled by a medical expert e.g. doctor / consultant / physiotherapist. As Louise is not a medical expert.
- Listen to my body, I will not work into pain.
- not attend a session if I am not well.

I give my consent for Louise Hebblewhite to hold my information in a safe secure locked place and for my contact details to be stored on a password protected laptop & mobile phone.
All information will be stored for 7 years in compliance with Insurance & Tax before being shredded.

Name (please print).....

Signed.....Date.....

Yoga with Louise Hebblewhite T/A Sucram Yoga - Waiver Form

I (insert your name)

take full responsibility for my own health and wellbeing during the class and when I practise anything taught in the yoga class, in another location or when practicing on my own.

Name (please print).....

Signed.....Date.....



Sucram Yoga