**Sucram Yoga Student Health & Information Questionnaire**

This 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](http://www.sucramyoga.co.uk)

Name: ………………………………………….

Address: ………………………………………….

D.O.B: ………………………………………….

Mobile Number: ………………………………………….

Emergency contact Name …………………………………………. Tel No: ………………………………………….

The following information is required to ensure your safety. Whilst Yoga may be practiced 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 mark ‘x’ next to, 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 BP
low BP
Angina - do you carry a spray?
other - please specify…

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

Asthma
 Do you carry an inhaler? ………….
Diabetes
 Type 1 …….. Type 2 ……..
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 cases, please discuss with instructor to see if any class is suitable for you at this time)

**Covid**

Please do not attend the class if you know you have Covid or if you have a high temperature.
Or if anyone in your household has COVID and you have been in close contact with them.
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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 difficulties or concerns about my ability to participate in the yoga class
* Advise the yoga instructor of any change in my medical information
* Follow the advice given by my yoga instructor but if conflicting must be overruled 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 and mobile phone.
All information will be stored for 7 years in compliance with Insurance and Tax before being shredded.

Name (please type): …………………………………………. Date: ………………………………………….

**Yoga with Louise Hebblewhite T/A Sucram Yoga – Waiver Form**

I …………………………………………. (type name) take full responsibility for my own health and wellbeing during the class and when I practice anything taught in the yoga class, in another location or when practicing on my own.

Name (please type): ………………………………………….