

## Medical Questionnaire

Title	First name	Surname
Address		
Email address		
Phone number - Daytime		Evening
Mobile number		
Date of Birth		Gender
Emergency contact name		Relationship to you
Phone number		
How did you hear about us?		
Have you ever practised...	Hot Yoga?	Yoga?
What key goals do you have ?	Detox	Reduce stress
Gain strength	Develop flexibility	Heal an injury
Relaxation	Lose weight	
If you answer yes to any of the following questions we will ask further questions before you take a class. It is strongly recommended that you seek medical approval prior to engaging in any form of physical exercise.		
Have you ever been diagnosed with a heart condition?		
Do you feel pain in your chest at rest or when doing physical activity?		
Do you suffer from epilepsy?		
Do you have high blood pressure?		
Are you pregnant or have you given birth in the last 6 months?		
Has your doctor advised you against strenuous exercise?		
Do you have any joint problems which may be made worse with exercise?		
Do you ever lose consciousness or control of your balance due to dizziness?		
Do you have a slipped disc? Spine problems?		
Is there any reason why exercise may not be suitable to you?		
If you ticked yes to any of the above please explain:		

## Declaration

I have read and fully understood the contents of this form and I confirm that my answers are correct and accurate. I know of no reason why I should not participate in any form of physical exercise or any activity advised to me by an employee, director instructor or representative of Body Bliss Yoga regarding exercise, healthcare and nutrition are neither diagnostic nor prescriptive. I agree to notify you of any future changes to the above answers before continuing to exercise. You may use the information provided by me in this form together with any other information that I may provide to ascertain whether physical exercise is appropriate for me and if necessary to seek further information from my doctor or other specialist. By signing this form I agree to the use of my information as stated in this form and the terms and conditions of Body Bliss Yoga.

Signed	Date
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