Annette's School of Yoga – Student Record (Adult)

THIS INFORMATION IS **STRICTLY CONFIDENTIAL**
AND WILL NOT BE DISCLOSED TO ANY OTHER INDIVIDUALS OR ORGANISATIONS

Name _____ Tel. (day) _____ (eve) _____
Address _____
Postcode _____ Email _____
Emergency Contact Name _____ Tel. _____

Age range (tick) ☐ under 20 ☐ 20–34 ☐ 35– 49 ☐ 50–64 ☐ 65+

Previous experience of Yoga (tick)

☐ None ☐ less than 1 year ☐ 1–2 years ☐ 3–4 years ☐ 5 + years
Details _____

Reasons for coming to Yoga (Please tick all that apply)

☐ Exercise ☐ Relaxation ☐ Stress management ☐ Pain relief ☐ Philosophy

☐ Meditation ☐ Other (details) _____

Details of other physical activities you do and how regularly (e.g. swimming/cycling etc.)
_____
_____
_____

Your Health (Please tick all that apply)

Heart condition	☐	High/low blood pressure	☐
Breathing difficulties (e.g. asthma)	☐	Varicose veins	☐
Joint pain/stiffness/swelling	☐	Back problems	☐
Eye condition (e.g. glaucoma)	☐	Hearing/balance problems	☐
Epilepsy	☐	Diabetes	☐
Arthritis/osteoporosis	☐	Depression/anxiety	☐

Pregnancy ☐ If so please give E.D.D. _____

Other ☐ Specify _____

Full details, including current condition, treatment and/or any medication.
_____
_____
_____
(Continue overleaf if necessary)