



Buckingham Yoga

Please return completed form to Julia via

Email: julia@buckingha-yoga.co.uk

or Post: Julia Jackson (Buckingham-Yoga)
32 Moorhen Way, Buckingham, MK181GN

or Hand to Julia in person

New Student Form

Information is held by Buckingham Yoga to continually attune services to meet your needs so that you can maintain optimal safety and progress. *Medical information remains confidential; released only upon medical emergency during a class. Please read disclaimer / terms & Conditions online www.buckingham-yoga.co.uk

Name:

Tel No:

Mob:

Home:

Home Address:

Gender:

D.O.B

Email addresses:

Emergency Contact

Name

Tel:

Occupation:

How did you hear about Buckingham Yoga?

Have you practiced Yoga before?

- No, never
- No, but I am generally quite fit
- Yes, a long time ago
- Yes I am a regular practitioner of Yoga, Pilates or Body balance

What are the key benefits you are looking for? (tick all that apply)

- Fitness
- Flexibility
- Stamina
- Reduction in aches and pains
- Relaxation and stress relief
- A calm, mindful focus
- Social engagement with likeminded people
- Other...please state

Concerns or questions you have:

* Continue over to complete the medical questionnaire if desired. This is not essential but some yoga positions may be contradicted for certain conditions. Therefore if a condition is not disclosed I cannot offer you the best advise for your safety and well-being.

Medical Questionnaire:

Are you Pregnant? Y N

If so how many weeks gestation?
Any past /present complications?

How many previous deliveries?

Have you recently had surgery? Y N

If so when?

Awaiting surgery? Y N

What was this for?

Is your doctor happy for you to undergo an exercise program?

Medical conditions, include past history where appropriate : (highlight or tick all that apply)

	Condition	No	Yes	Relevant Detail / Medication
1	Asthma / Breathing problems			
2	Anxiety/ Stress			
3	Arthritis			
4	Allergies:			
5	Back Pain: Tail/Coccyx Sacral/Lower Mid/Thoracic Neck Pain			
6	Bowel Problems			
7	Circulatory disorders: eg stroke, myocardial infarction, varicose veins, arteriosclerosis,			
8	High or low blood pressure			
9	Cancer			
10	Diabetes (type I / type II)			
11	Depression			
12	Deliberate harm			
13	Epilepsy or Convulsions			
14	Fatigue			
15	Recent Grief			
16	Hearing problems			
17	Recent INJURY			
18	Limited mobility			
19	Migraines			
20	Muscle weakness			
21	Stomach Ulcers/Heartburn			
22	Sleep disorders, insomnia			
23	Weight gain/ weight loss			

