

DEVELOP STRENGTH, FLEXIBILITY, ALIGNMENT & SERENITY  
AT YOUR OWN PACE... IN YOUR OWN SPACE.



EIGHT

m : 07545 115390 info@eightyoga.co.uk www.eightyoga.co.uk



# HEALTH SCREEN

**ALL INFORMATION IS CONFIDENTIAL**

Personal Details	
Name	Date of birth
Address	Postcode
Telephone	Mobile
Email address	
Occupation	
Yoga experience, if any (method and duration of practice)	
Current sports / physical activities	
What would you like to get out of the yoga classes?	
How did you hear about EIGHT Yoga?	

## Important information

Dr. Diane Bamber is a fully qualified and insured Iyengar® Yoga Teacher.

EIGHT Yoga classes are beginner and general level and are suitable for people in good health.

Students who have any of the conditions described in Section A overleaf or *new* students who are pregnant are advised to attend specific remedial classes - details available on request.

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**Medical / Health Information****Please read carefully and indicate if you have / have ever had any of the following:-****Section A**

High Blood pressure	Yes	No
Heart disease	Yes	No
Cancer / benign tumours	Yes	No
Epilepsy	Yes	No
Diabetes	Yes	No
AIDS	Yes	No
Menieres Disease	Yes	No
Myalgic encephalomyelitis (ME)	Yes	No
Multiple Sclerosis (MS)	Yes	No
Detached Retina	Yes	No

**Section B**

Are you currently taking any prescribed medication?	Yes	No
Are you currently having any treatment or therapy including complementary therapy?	Yes	No
Are you currently experiencing any emotional problems e.g. stress, anxiety, depression?	Yes	No
Have you ever had any surgery?	Yes	No
Have you ever had problems with dizziness or loss of balance?	Yes	No
Have you ever had any joint or bone problems e.g. arthritis?	Yes	No
Have you ever had any respiratory problems e.g. asthma?	Yes	No

**Women Only**

Is there any possibility that you might be pregnant?	Yes	No
Have you had a baby in the past 12 months?	Yes	No

If you answered 'Yes' to any of the above, please provide full details:

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If you have any other medical conditions or injuries not already described please provide details below:

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**I confirm that:**

I have read and understood the above and the information I have given is correct.  
 I understand that Iyengar® Yoga involves hands on correction and give my consent for this.  
 I agree to inform the teacher of any pain or discomfort experienced during or after a yoga class.  
 I agree to inform the teacher of any changes in my health after signing this declaration.

**Signature****Date**

**Thank you for taking the time to complete this form.**  
**Please bring a signed hard copy to your first class.**