

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

### Personal Details

Name:	Date of birth:
First line of address:	Postcode:
Mobile:	Landline:
Email:	
Occupation:	
Yoga experience, if any (method, duration):	
Current sports or physical activities:	
Emergency contact name and number:	
What would you like to get out of the 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 suitable for people in good general health.

Students who have any of the conditions described in Section A overleaf or *new* students who are pregnant may be advised to attend specific remedial classes – please check whether the class is suitable for you.

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## Medical / Health Information

For your safety and to provide you with the best possible yoga teaching, it is important that your teacher is aware of your medical history.

### Section A

Have you ever had any of the conditions specified below?	Yes	No
High Blood pressure, heart disease, cancer / benign tumours, epilepsy, diabetes, AIDS, Menieres disease, myalgic encephalomyelitis (ME), multiple sclerosis (MS), detached retina. If you have answered yes to Section A please give details below:		

### 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 issues such as 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
Do you have any allergies e.g. latex, bee stings, peanuts?	Yes	No
Do you carry an epipen, inhaler, or medication that may be needed in an emergency?	Yes	No
If yes, do you agree to make your teacher aware where to find it in case of need?	Yes	NA
Do you have any other medical condition or injury not already mentioned?	Yes	No

If you have yes to any questions in Section B please give full details below:

### 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

### I confirm that:

I confirm that the information I have given is correct.  
I am aware 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.  
I consent to being contacted by email, SMS or telephone about upcoming Eight Yoga classes and events.  
I understand that I can opt out at any time by emailing 'unsubscribe' to [diane@eightyoga.co.uk](mailto:diane@eightyoga.co.uk)  
I have read and understood the Eight Yoga Privacy Policy at [www.eightyoga.co.uk](http://www.eightyoga.co.uk)  
I consent to Eight Yoga contacting my named emergency contact in the event of accident or emergency.

Signature

Date

Thank you for taking the time to complete this form.

Please email to: [diane@eightyoga.co.uk](mailto:diane@eightyoga.co.uk) or bring a signed hard copy to your first class.