



Samanya Yoga

Health History Questionnaire

Today's date

Name-
Address
Phone-
Mobile
E-mail

Date of birth

Have you done yoga before? What style?

If pregnant please advise due date

Your Health History

- ✓ Tick once if you have ever experienced problems with the following. Tick twice if it is effecting you now. If there is a choice, please circle to indicate which applies.

	Anaemia		Epilepsy		Menstruation/PMS
	Anxiety/Stress		High blood pressure		Migraines/headaches
	Arthritis		Heart problems		Pelvic girdle pain (SPD)
	Back ache		Fibroids pain		Sciatica
	Depression		Hiatus Hernia		Panic attacks
	Diabetes		Constipation		Sleep disturbances
	Digestion		Ear/Eye problems		

What is your work?

What hobbies/ activities do you do?

What is your typical sleep pattern?

Are you on any medication? If so what is it and what is it for?

Have you suffered any injury or undergone any surgery (e.g. C section or knee surgery)?

Do you suffer from scoliosis (curvature of the spine)?

Do you have any children & what are their ages?

Is there anything else?

How did you hear about the class: Google, Leaflet from midwife, Word of mouth, Other....