



Name:
Address
Contact Number: Emergency Contact Name: Number:
Age

Do you exercise regularly? No/Yes If yes please give details

Are you currently taking any medication? No/Yes If yes please give details

N.B if you have a condition that is being monitored by your doctor please check with him/her before continuing with the exercise programme, Have you had an operation or accident with in the last 12 months? No/Yes If yes please give details

Do you have/have you ever had any of the following:

Blood pressure problems Breathing Difficulties Spinal Problems Heart condition Muscle or joint problems Balance problems or dizziness Hernia	Epilepsy Are or have been pregnant in the last 6 months Neck pain Arm/shoulder pain Fibromyalgia/ ME Allergies Other (please state)
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Why did you decide to try yoga?

Please inform us of any changes in your health that occur during this course. I understand the information I have provided to be correct to the best of my knowledge
Signed.....Date.....

By signing this form you have understood the General Data Protection Regulation (GDPR) and agree that your information will be kept and used by members of WellbeingWinnie with regards to your interaction with the company.
 Please see the website www.wellbeingwinnie.co.uk for more details.
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