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**Name:**

**Email: Mobile:**

**Next of Kin – Name (Relationship) and Contact Number:**

**Pregnancy**

Please note I am not trained to teach women who are pregnant\* so for safety I am unable to have women who are pregnant in my class.

**Please either circle or mark answer in bold**

Has your doctor indicated you have a heart condition, and that you should only do physical activity recommended by a doctor? Yes or No

Do you have a Pace Maker or Implantable Cardioverter Defibrillator (ICD) ? Yes or No?

Do you feel pain in your chest when doing physical activity Yes or No?

Do you lose your balance because of dizziness? Yes or No?

Do you have a bone or joint condition that could be made worse by changes to your physical activity? Yes or No

Have you had recent surgery that may impact on yoga practice ? Yes or No

Are you on medication for a heart condition? Yes or No

Do you know of any other reason why you should not do physical activity? Yes or No

**If you answered yes to any of the questions I may need a consent form from your GP indicating it is safe for you to do physical activity – I will be in touch by phone regarding this.**

**If I do not receive a response and you attend class it is assumed you are able to undertake Yoga practice. Please ensure you understand the attached waiver.**

**Please indicate any other physical activity you participate in and how regularly**

**What is your experience with yoga?**

**Beginner Intermediate**

**A few words as to why you are embarking on Yoga**

**PLEASE EITHER PRINT AND RETURN FORM AT YOUR FIRST CLASS OR EMAIL TO LESLEY**

[**lesleyyogaflow@gmail.com**](mailto:lesleyyogaflow@gmail.com) **before your first class**

**Thank you**

**Lesley Harris**

**Peaceful Presence**