Find Your Flow \*\*\* Yoga with Lizzie

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To help me help you get the most out of our time together and to ensure your safely, please would you complete the following very short questionnaire?

If you prefer you may tell me the answers and I will complete it for you.

1. Do you exercise regularly? YES NO

If yes please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently taking any medication? YES NO

If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

N.B. If you have a condition that is being monitored by a doctor you should check with him/her before continuing with this exercise programme, if you have not done so already.

1. Have you had an operation or accident within the last 12 months?

YES NO

If yes please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have or have you ever had and of the following (please tick)

Blood Pressure problems

Spine Problems

Muscle or Joint Problems

Hernia

Breathing Difficulties

Heart Condition

Balance Problems or Dizziness

Epilepsy

1. Are you pregnant or had a recent pregnancy? YES NO
2. Is there anything else you feel I should know about your health?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please know you are responsible for letting me know of any changes in your health during the course that might alter your answers to the questions above.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remember the physical asana practice involved with Yoga can cause unusual sensations in the body as you adjust. It is up to you to learn the difference between discomfort & pain and to let Lizzie know if you are uncertain. Better to be safe than sorry. You do not have “to do” anything, just be present & aware, do your best & allow yourself to accept your limitations.