



## **Health Questionnaire** (Revised Oct 2025)

All information provided will be treated in confidence and stored in accordance with the General Data Protection Regulations.

This questionnaire is for all participants of classes and workshops whether in person or online with Yoga with Kerry. The purpose of information being collected here is to ensure appropriate modifications and adaptations can be communicated where needed to ensure safety. This does not replace any medical advice and if any medical issues are present, it is recommended you seek advice from your GP or medical professional prior to attending classes.

### **Contact details**

Name:

Date of birth:

Address:

Telephone number:

Email address:

### **Emergency contact details**

Name:

Telephone number:

### **Medical history**

Have you had any major injury in the last 5 years? Yes/No

If yes, please provide details:

Are you taking any prescribed medications? Yes/No

If yes, please provide details:

Have you had any recent operations? Yes/No

If yes, please provide details:

**The following conditions may require specific modifications to your practice, please identify if any of these are relevant to you and provide details:**

Abdominal disorder or recent surgery

Arthritis

Unspecified back pain/problems

Spinal injury

Joint replacement

Knee Problems

Hip problems

Shoulder problems

Neck problems

Heart disorders

High blood pressure

Low blood pressure

Any other conditions you feel your yoga teacher should be aware of? Yes/No

Are you/could you be pregnant or have you given birth in the last 6 months?

Any other relevant health information you would like your yoga teacher to be aware of?

**Disclaimer**

Please answer the questions honestly and accurately. Once received by your yoga teacher, please ensure you advise them if any changes occur before the session starts.

Where possible, modifications or variations of poses may be offered to meet your needs, however if you are in any doubt, please seek advice from a medical professional. Please listen to your body and always stop if any movement feels uncomfortable and engage with poses suitable for your ability. Please be aware that during online classes, the teacher may not always be able to see you.

Name (Please print):

Signature:

Date:

**Communication consent:**

Please confirm if you would be happy to receive communication from Yoga with Kerry which may include newsletters, upcoming details of sessions or workshops and any promotions that are running.

Email: Yes/No

Phone/messaging: Yes/No

Post: Yes/No

You can contact me to remove your consent at any time. Please forward your completed health questionnaire to [strengthandrestoreyoga@outlook.com](mailto:strengthandrestoreyoga@outlook.com) or bring in person at your first session.

I look forward to seeing you at a class soon.