**Health Questionnaire and Consent Form for**

**Yoga & Health and Wellbeing Activities**

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| **All information is held in strict confidence.** | | | |
| **Your Contact Details** | | | |
| **Surname** |  | **Date of Birth** |  |
| **First name** |  | **Contact Number** |  |
| **Address and Post Code** |  | | |
| **Emergency Contact Details** | | | |
| **Surname** |  | **Contact Number** |  |
| **First Name** |  | **Relationship** |  |

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| **Do you have any existing health conditions?** | **Yes** | **No** |
| Are you currently under the supervision of any medical person for any condition? |  |  |
| Do you suffer, or have you recently suffered, from Back Problems, Heart Issues, High or Low Blood Pressure? |  |  |
| Are you pregnant? |  |  |
| Have you had any surgical procedures within the last 12 months? |  |  |
| Have you been involved in any incident (such as a car accident) that may have caused injury, or are you carrying any fractures/sprains? |  |  |
| Have you any allergies relevant to your planned activity? (There may be the use of essential oils.) |  |  |
| Are there any other existing or pre-existing physical, emotional or mental conditions we should be aware of? |  |  |
| **Please give details if you have answered ‘Yes’ to any of the above questions:** | | |
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**Consent:**

* I will immediately inform my teacher/trainer of any change in my medical status.
* Your Teacher/Trainer is a member of [Foyht](https://foyht.org/), who recommend BGi.uk, BGi.eu and Hispania for bespoke Malpractice Liability Insurance.
* I understand that open/group activities may be recorded, and any material collected may be shown on Social Media pages such as LinkedIn and Facebook.

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| **Client Signature:** |  |
| **Date Signed:** |  |