



### Pre-class Health Assessment

Some postures and practices in Dru Yoga need to be modified or not practiced if certain health issues are present. In order to support you to practice safely and to enable you to get the maximum benefit from these classes please complete the following assessment. Should your health status change at any time please inform me at the beginning of the class. All information is strictly confidential. Thank you.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Emergency contact. Who?** \_\_\_\_\_ **Number:** \_\_\_\_\_

Have you attended other yoga classes before? **Yes/No**  
 If yes, when, what types (if known) and for how long?  
 What exercise do you enjoy?

**What is your main reason for wanting to do yoga? What do you hope to achieve?**  
 E.g. strength/flexibility, health/fitness, better posture, stress relief, mental and emotional well being etc.

Do you have any conditions which affect your mobility or are likely to cause you concern when doing yoga? Eg. back problems incl. lower back ache, sciatica, 'slipped' or bulging discs, knee problems etc. Please be specific here.

**Please indicate if any of the following apply to you:**

Blood pressure: High or Low		Detached retina /Glaucoma		Osteoporosis		Anxiety/Panic attacks	
Asthma or breathing problems		Diabetes		Hernia/gastric ulcers		IBS	
Cardiac or respiratory problems		Current sciatica		Currently/recently pregnant		Recent surgery -specify	
Hip injuries causing pain		Knee/ankle injuries causing pain		Neck/shoulder injuries/problems		Painful joints Specify	
MS		Difficulty hearing		Allergies-		Chronic fatigue	
Digestive problems		Menstrual problems /Menopause		Weight problems		Lack of energy	
Circulation problems		Cancer		RSI/ overuse		PTSD	
Panic Attacks		Headaches/Migraine		Depression		Arthritis- where?	
Joint replacement		Heart problems		Epilepsy		Other	

Level of stress/anxiety in my life right now is  
 Low-----High

*The above information is accurate, and I agree to be responsible for alerting my yoga teacher to any issue that may affect my ability to practice yoga safely.*

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