



YOGATRI HEALTH QUESTIONNAIRE

The purpose of this questionnaire is to help me (Debbie Hannant) understand your expectations from your class. All the information will be treated in the strictest confidence.

DATE:

FULL NAME:

DOB:

ADDRESS:

TEL NO:

EMAIL (write as clear as possible):

OCCUPATION:

Would you like to receive regular information from Yogatri via Whatsapp & email?

Have you practiced Yoga or Pilates before?

If yes, how many years and what style?

What are your expectations from your class?

Brief description of any other forms of activities / exercise / sport you participate in?

***PTO**

Do you suffer from any of the following medical conditions? Mark with a **X** or **✓**

Arthritis	Asthma	Back trouble
Chest complaints	Covid	Diabetes
Ear Trouble	Epilepsy	Heart Conditions
Hernia	High/Low blood pressure	
Migrane	Osteoporosis	

Please list any health symptoms you have been experiencing:

Should you have any other injury, illness or physical disability please explain:

Further Comments:

“Although I understand that all reasonable precautions will be taken to ensure my well being during the class, I agree to take full responsibility for myself and my actions”

PRINT NAME:

SIGNED:

DATE: