



Consultation Form

All information will be treated with the strictest confidence

Name:

Date of Birth:

Address:

Occupation:

Tel. (Home)

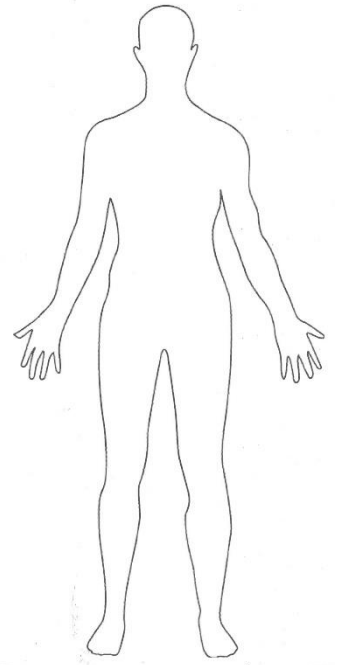
Tel. (Work)

Tel. (Mobile)

Email:

Have you done Yoga before? Yes / No If yes please give details of approach below:

Please describe any significant health problems, any conditions that may be a problem?



What would you like to achieve from attending these sessions?

Please circle troublesome areas

Please inform me immediately if there are any changes in your health that you feel may affect your ability to practice Yoga safely, or if you become pregnant. If in doubt please ask.

Signed:

Date:



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Parent/Carer

Date:

I confirm that I have provided all relevant health information on this form and will inform my yoga teacher at Tewkesbury Yoga of any changes as they occur.

Signed: Date:

Parental Consent is required if you are under 18Yrs

Parent/Carer..... Date.....

If you have answered yes to any of the above questions, it is important that you discuss your condition with me so that I can advise you of any modifications in your practice. Please tell me immediately if you become pregnant or are diagnosed with any of the above conditions whilst enrolled to attend classes.

If you experience any signs of fatigue or discomfort during class please rest, take a breath and listen to your body.

If you need to speak to me with regard to any of the above please do

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