

# British Wheel of Yoga

## PHYSICAL & MENTAL HEALTH QUESTIONNAIRE

Revised 10<sup>th</sup> November 2020



*For completion by yoga class participants for either face to face or remote class teaching.*

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

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Telephone(s):</b>	
Mobile:	
Landline:	
<b>Email:</b>	

**Emergency contact name:**

**Emergency contact tel. no:**

### PHYSICAL HEALTH:

It is important that your teacher is aware of your physical health status in order to be able to provide suitable modifications and avoid exacerbating any conditions. Whilst yoga may be practised safely by most people, there are certain conditions that require special attention. If you are unsure, please consult your GP before commencing yoga.

*Please indicate in the boxes below whether or not any of the following conditions apply to you and provide further information:*

#### ***These conditions require specific modifications to your yoga practice:***

Spinal injury	Arthritis (osteo or rheumatoid)	
Unspecified back pain/ problems	Recent surgery	
Joint replacement	Abdominal disorders	
Hip or knee problems	Heart disorders	
Shoulder or neck problems	High or low blood pressure	
Asthma or respiratory issues	Diabetes	

Are you/could you be, pregnant, or have you given birth in the last six weeks?

**Please give further information on issues indicated above, or anything else you want to make your teacher aware of:**

### MENTAL HEALTH:

This is relevant to your teacher because yoga nidra, visualisation, relaxation and meditation techniques, as well as some physical postures, may trigger emotional responses. Your teacher cannot guarantee to keep you within comfortable emotional boundaries if you choose not to disclose information.

*Please indicate in the boxes below whether any of the following are current issues or apply to you:*

Anxiety	Panic attacks	
Depression	Phobias ( <i>please detail below</i> )	
PTSD	Survivor of abuse or other trauma	

**Please give any other information you think may be relevant for your teacher, including medications you are taking regularly or symptomatically for your mental health, and any triggers that your teacher ought to be aware of:**

Please tick this box if you **DO NOT** wish to declare physical and/or mental health information

*It is your right to withhold information but we must inform you that if you do not disclose your health status, your teacher cannot give modifications or alternatives for physical conditions that have not been declared, and will be unaware of anything that might cause emotional distress or otherwise exacerbate any mental health issues.*

**Have you attended a yoga class before?**

**If yes, how long have you practised yoga and what style of yoga have you practised?**

**Do you participate in any other physical activity?**

**If yes, how regularly do you do this?**

**Disclaimer**

***Please read carefully; your submission of this form will be taken to indicate your understanding and acceptance of the following:***

*Please take care when filling in this questionnaire and check the contents are accurate before you submit it. By submitting the questionnaire, you are confirming that the contents are true and accurate to the best of your knowledge. Please notify your teacher of any changes to your responses in this healthcare questionnaire before participating in classes subsequent to those changes.*

*Neither your teacher nor the British Wheel of Yoga are qualified to express an opinion that you are fit to safely participate in any British Wheel of Yoga organised sessions or any British Wheel of Yoga trained teacher's yoga classes. You must obtain professional or specialist advice from your doctor before participating if you are in any doubt.*

*All British Wheel of Yoga or Accredited group teachers are appropriately qualified, with high standards of teaching and best practice. Where possible, your teacher may offer suitable modifications or adjustments and practices to suit different levels of experience and ability.*

*Please always let the teacher know before the class if this is your first time practicing yoga or if you are not confident about your experience and/or ability. Where you are taking part in live-streamed classes, please note that the instructor may not be able to see you at all times. Where you have declared a health condition, please contact the teacher before the class if you would like to request that you are provided with suitable modifications or adjustments wherever possible. Please note, where you are taking part in a pre-recorded class, you will not be able to request specific adjustments or modifications.*

*In all classes whether face to face, live streamed remote or pre-recorded remote, always follow your teacher's safety instructions and listen to your body. Where a movement or class is beyond your experience or ability, feels too difficult for you, or you experience any physical or emotional discomfort, please do not continue.*

**Name (please print):**

**Signature**

*if using a printed out paper copy:  
Otherwise indicate with a tick or X*

.....

I confirm my understanding and acceptance of this health questionnaire and its disclaimer:

**Date:**

**GDPR Statement**

In order to comply with the General Data Protection Regulations, it is necessary for me to check whether or not you are happy for me to retain your contact details, and to send you information that I think may be useful to you, including training and events, and relevant updates. I only hold information when it is necessary to do so in order for me to carry out my work, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, please will you indicate below, your agreement, or otherwise, to the following means of communication:

**Email: YES/NO**

**Post: YES/NO**

**Telephone: YES/NO**