

Yoga, Mindfulness Meditation &/or Deep Relaxation Student Form

Please complete the following questions & email to classes@MyYogaMind.co.uk The information will help me to tailor the class to your individual needs and provide contact details in an emergency or if the class should be cancelled. * Please provide (with their permission) an emergency name & contact number

Name: _____ email: _____ Contact no/s. _____

* Emergency contact name & no. _____ (please obtain permission first)

Address: _____

Where did you hear about this class?
Which class would you like to attend? E.g. Wed lunchtime
Have you done Yoga or Meditation before & if so for how long?
Briefly describe what brings you to Yoga and what you hope to gain from it:

Do you suffer from any of the following? (Please **highlight** as appropriate & provide any further details/ ramifications below)

1. High blood pressure If so is it medicated?	8. Hernia
2. Low blood pressure If so, is it medicated?	9. Asthma or chest problems
3. Heart problems * give details below	10. Dizziness, poor balance, vertigo
4. Diabetes	11. Recent illness or surgery * give details below
5. Epilepsy * give details below	12. Pregnant/ post-natal? * give details below
6. Deafness or poor hearing	13. Back or neck problems * give details below
7. Eye problems	14. Hip, knee or ankle problems * give details below
	15. Joint or bone problems * give details below
	16. Anxiety or depression

* Please provide any further medical details here & let me know if anything changes in future:

I understand that I should only practise postures & exercises that are comfortable for me. I am happy to be adjusted physically as part of my learning in class. To my knowledge, all the above information is correct.

Name	Signature	Date
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The data you provide will be kept in a password protected file/ locked cabinet whilst you are at my classes & deleted/ destroyed either at your request or after 3 years

Briefly describe what brings you to Meditation or Deep Relaxation and what you hope to gain from it

Please provide details of any issues or medical or psychological conditions that are relevant & let me know if anything changes in future.

If you are currently experiencing difficulty in your life, and/ or receiving or have recently received treatment for any mental health problems, please consider whether this class is suitable for you at this time.

I understand that this is a general educational Meditation class and not a treatment for mental health problems.		
I understand that I should only practise exercises that are comfortable for me.		
To my knowledge, all the above information is correct.		
Name	Signature	Date

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