

# LAURA BRADY YOGA MEDICAL QUESTIONNAIRE

Before starting your yoga journey with me please complete this questionnaire. The information will be used to ensure I can tailor our sessions together to best suit your needs. I look forward to our journey together. All the Information given is confidential to your teacher and no part of it will be disclosed or discussed with any individual or organisation.

Full Name \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

Are you an absolute beginner?

**Yes**

**No**

Have you taken a Yoga class before?

**Yes**

**No**

Do you participate in any physical activity? If so please give details.

*(For example Keep-fit or swimming)*

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Do you have any current medical conditions? If so please give details.

*(For example arthritis, high or low blood pressure, back injury)*

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*continued...*



Are you taking any medication? If so please give details.

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Please provide details of any recent physical injuries.

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Yoga covers a wide range of disciplines such as flexibility, mental and physical health and awareness. Which of the following areas of development most interests you?  
*(tick as appropriate)*

**Physical**

**Mental**

**Spiritual**

**Mainly**

**Mainly**

**Mainly**

**Some**

**Some**

**Some**

**Not at all**

**Not at all**

**Not at all**

Is there anything else that may be of interest to your yoga teacher?

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*continued...*

I, \_\_\_\_\_ (type name), understand that yoga includes physical movement, breath-work, meditation, and stretching techniques. As is the case with all physical activity, I understand that the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort I will listen to my body, adjust or change the posture, and inform and seek assistance from my teacher.

I know that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I also know that all suggestions made by Laura Brady are just suggestions and I am responsible for doing my own research and consulting a doctor before starting a yoga practice. I understand that yoga is not safe under certain medical conditions and take full responsibility for making the decision to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Laura Brady.

Date \_\_\_\_\_

Please tick the box to accept all liability for injury and death, and that LBY (Laurabradyyoga) is exonerated from all wrong doing and responsibility.

**I agree**

Now you have filled in your form please save it and email a copy to [contact@laurabradyyoga.uk](mailto:contact@laurabradyyoga.uk)



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