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**Yoga Consultation Form**

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| **Name:** |  | **Mobile No.:** |  |
| **Email:** |  | **Website:** |  |

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| Have you practiced yoga before? | **Y** | **N** | If **yes**, please complete the next two bullet points: |
| * What Style of Yoga have you practiced?
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| * How long have you practised yoga?
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| Do you have any medical conditions that may contraindicate your yoga practice? | **Y** | **N** | If yes, please provide details: |
| Are there any areas of concern with your body eg, physical injury, recent operations, sprains or breaks? | **Y** | **N** | If yes, please provide details: |
| Have you had Covid-19? If yes, when and what symptoms did you have? | **Y** | **N** | If yes, please provide details: |
| Are you pregnant, if so, how many weeks? | **Y** | **N** |  |
| May I contact you with the details provided? | **Y** | **N** |  |

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| **Client Declaration**The practice of Yoga involves physical activity (Asana), breathing exercises (Pranayama), and meditation. During class, the Teacher will provide verbal cues inviting you to move and breathe in a particular way, these cues are guidelines only. You should always work to your own ability**.** It is also your responsibility to notify the Teacher of any injury or ailment (recent or ongoing) prior to every class. Yoga may at times be challenging but should never be painful. By signing your name below, you confirm that you are fully responsibility for any injuries which you may incur because of your voluntary participation especially when following a live online class. |
| Signature:  | Date:  |

♥ Thank You ♥

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