



ALIGN YOGA

YOGA, EXERCISE & SPORTS MASSAGE THERAPY

Yoga & Exercise Health Questionnaire

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

Physical Activity Readiness Questionnaire (PARQ)

If you have decided to increase the amount of physical activity in your life or change the type of activity, start by answering the questions below. For most people physical activity should not pose any problem or hazard, but this questionnaire has been designed to identify the people for whom it would be recommended to seek medical advice before starting as well as plan classes appropriately. If you have any concerns about your health, please see your doctor/health care professional before participating.

PERSONAL DETAILS	
NAME	
ADDRESS (INCLUDING POSTCODE)	
TELEPHONE	
E-MAIL	
DATE OF BIRTH	
OCCUPATION	
EMERGENCY	
CONTACT NAME	
CONTACT PHONE	

HISTORY	Yes	No
Have you done yoga before?		
What type or yoga, when and how often?		
Do you do any regular exercise? (Please specify)		

REASONS FOR DOING YOGA /EXERCISE	Yes	No
Fitness, Tone, Strength		
Increase flexibility		
Reduce Stress		
Meditation/Mindfulness		

REASONS FOR DOING YOGA /EXERCISE	Yes	No
Doctor's suggestion		
Others (please specify)		

HEALTH ISSUES TICK A BOX	NO	YES	IF, YES PLEASE GIVE DETAILS
A High Temperature			
A New or Continuous Cough			
A Loss or Change to Your Sense of Smell or Taste			
High/Low blood pressure			
Blackouts / Dizziness / Fainting Diabetes Epilepsy, Seizures or Convulsions			
Parkinson disease			
Emotional health issues (Panic attacks, anxiety, stress, depression etc.)			
Heart conditions, Stroke, Angina attack, Circulatory Problems			
Ulcer / Hernia			
Glaucoma / Detached retina / Other eye problems			
Asthma/respiratory problems			
Recent fractures/sprains			
Recent surgery (past 12 months)			
Recent injuries (past 12 months)			
Back problems, Spine injury , Slipped disc			
Knee problems			
Shoulder problems			
Neck problems			
Bone/joint problems / Osteoporosis / Arthritis			
Have you ever had any serious accidents?			
Multiple Sclerosis			
Chronic Fatigue Syndrome (ME)			
Any other aches and pains?			
Any other conditions which may affect your participation?			

Please give details of any prescription or Over the Counter (OTC) Medication you are currently taking

DRUG/MEDICATION	PURPOSE/REASON FOR TAKING

PREGNANCY	YES		NO	
Are you pregnant, trying or recently been pregnant (past 6 months)?				
Please circle: Post-natal	Trying	1st Trimester	2nd Trimester	3rd Trimester
Are you experiencing any difficulties because of the pregnancy?(Such as nausea, dizziness, back ache, blood pressure problems etc.)				