

Kundalini Yoga: Health Questionnaire for New Students

Welcome to Kundalini Yoga & Meditation with Maitri S.K.

Please take a moment to read this document which needs to be filled and sent back before the class.

In order to be aware of your current health situation, offering the support that you deserve to create a safe yoga practice, please share briefly below any old and more recent injury you may have experienced.

Knowing in advance it will help the teacher to support you fully with physical adjustments on postures that may result challenging to begin with, allowing your body to gently ease into a regular practice with the time needed.

Our regular weekly classes are tailored to regulate sleeping patterns, anxiety, eating disorders and depression.

-Kundalini Yoga comprehends Breath Work (Pranayama) Physical postures (Kriya-asana) Meditation & Chanting-

Please Note: Our classes are not suitable during pregnancy

Please share the information below which will be kept strictly confidential.

Name:

DOB:

Email Address:

Mobile Number:

Country you are currently living in:

Have you ever practiced yoga before? Yes/No

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

What is your main reason for wanting to practice Kundalini Yoga & meditation?

These conditions require specific modifications to your yoga practice: If you suffer of any please give details

Have you had any recent operations (in the last two years)?

Do you have any old injuries that still trouble you? Or any other medical conditions not covered that might be adversely affected by yoga practice?

High or Low Blood Pressure/Faint	
Shoulder and neck problem	
Knees and hips problem	
Unspecified back pain or Spinal injury	
Joint replacement	
Abdominal disorder or recent surgery	
Depression	
Other..	

I take full responsibility for my health during the yoga classes, including any injuries .I will inform my yoga teacher of any medical changes.

Signed:	Date:
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