

# Cambridge Yoga and Fitness

Liz Smith, Dip.RSA



## PERSONAL INFORMATION – CONFIDENTIAL

Please complete and return before your first consultation

Name:

Address:

Tel Home:

Tel Work:

Mobile:

Email:

Occupation:

Date of Birth:

Marital/Relationship/Partner/Personal Situation:

Children: No/Sex/Age:

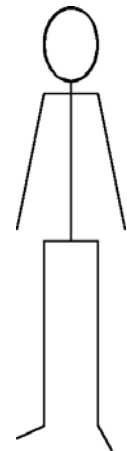
1. Please answer the questions below:

Yes No

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		

2. Please circle any area on the diagram where you have pain or there is a problem.

*Is this a recent development or a chronic problem?*



*Is there any movement that causes you pain?*

3. Height:

Weight:



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4. Current Health Picture: *have you had any recent injuries, illnesses, operations or problems - are you pregnant or have you recently given birth?*

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5. Past Health Picture/Family History: *please include details of any relevant medical treatments, operations or medication:*

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6. Have you practised Yoga before? If yes, please give details of the type or approach:

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7. Do you participate in any exercise or sporting activities?

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8. What do you wish to achieve from Yoga Therapy - how do you think Yoga might help?

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9. How did you hear about Cambridge Yoga and Fitness?

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***Please return to Liz Smith, 1 Abbey Lane, Lode, Cambridge CB25 9EP***