



**PADMA YOGA**  
with Claire Thomas

**Contact Details:**

Name..... Date of Birth.....

Address.....

Phone no..... Email.....

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**Previous yoga experience:**

- I'm new to yoga
  - I'm returning after a break
  - I have a regular practice of <1 year
  - I have a regular practice of >1 year
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**General Health information:**

Please mark those that are relevant to you and provide any further information:

- Arthritis .....
- Joint problem .....
- Bad back .....
- Asthma Do you carry an inhaler?.....
- Blood pressure  High  Low  Medically controlled?
- Deaf/Hard of Hearing  I wear a hearing aid
- Stress/Anxiety/PTSD  Medicated? .....
- Depression/Other  Medicated? .....
- Chronic Condition .....
- Cancer .....
- Pregnant  Less than 14 weeks  More than 14 weeks
- A new mum  In the last 12 weeks  More than 12 weeks

Please give details of any condition not listed above, or recent health problems that may affect your ability to participate in the class:

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**Signed:**

**Date:**

I understand that I participate in all yoga classes at my own risk and recognise that I must work within my own limits. I confirm that my email address can be added to the mailing list for the Padma Yoga newsletter.

*Please return at class, by email to [claire@padmayogahebden.co.uk](mailto:claire@padmayogahebden.co.uk) or by post to Padma Yoga c/o Heath Lodge, Mytholm Bank, Hebden Bridge, W Yorks HX7 6DL.*