

Kundalini Yoga Questionnaire

Please could you take time to fill in this questionnaire. All details are kept in the strictest confidence. Some postures and breath techniques are contraindicated for certain conditions. This questionnaire therefore helps me to tailor the classes or one to one sessions to your needs. . If you have any queries about kundalini yoga or if you want to discuss if this practice is suitable for you, please contact me on: 07704 636 647 or you can email me on preetkaur108@yahoo.co.uk

Thank you!

Name:

Address:

Tel:

Email:

1. Please detail below any previous experience you have in kundalini yoga.
2. Have you practiced or still practice any other form of yoga?
3. What is your level of fitness? Do you exercise on a regular basis?
4. Why have you chosen to practice kundalini yoga? What benefits are you hoping to achieve?
5. Have you any experience in meditation? If so, please detail what type of meditation.

6. Do you have any medical condition that prevents you from taking part in the yoga class?

7. Does any of the following apply to you?

- ❖ Are you pregnant?
- ❖ Are you recently post natal?
- ❖ Do you suffer from a heart condition or have a history of heart disease?
- ❖ Have you had any operation in the last year?
- ❖ Have you had or have a hernia?
- ❖ Do you have high or low blood pressure?
- ❖ Do you suffer from asthma or breathing related problems?
- ❖ Do you suffer from back problems?
- ❖ Do you smoke?

Please add details of above or any other condition here:

8. Do you have any history of psychiatric care?

9. Have you taken or are you taking any recreational drugs?

10. Are you currently on any prescribed medication?

I confirm that my physical, mental and emotional health is stable, that I am not currently under medical supervision (If you are, please give details below) and that I will inform Preet Kaur if these circumstances change. I confirm that I have read the information sheet on kundalini yoga and agree to take responsibility for my health and well being during the one to one kundalini yoga sessions or group classes.

Signed:

Dated: