<p style="text-align:center">**MichaelJ LifePurpose**</p>

<p style="text-align:center">**YOGA HEALTH QUESTIONNAIRE**</p>

Instructor / Business Name: _____

Client Information

Full Name: _____
Date of Birth: _____
Phone Number: _____
Email: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____

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1. Medical History

Please tick **YES or NO** to the following:

1. Do you have any current injuries?
   ☐ Yes ☐ No
   If yes, please describe: _____
2. Have you had any surgeries in the past 12 months?
   ☐ Yes ☐ No
   Details: _____
3. Do you have any chronic health conditions? (e.g., arthritis, asthma, diabetes)
   ☐ Yes ☐ No
   Details: _____
4. Do you have high or low blood pressure?
   ☐ Yes ☐ No
5. Do you have heart or cardiovascular conditions?
   ☐ Yes ☐ No
6. Do you experience dizziness, fainting, or balance problems?
   ☐ Yes ☐ No
7. Do you have joint problems (knees, hips, shoulders, wrists, back)?
   ☐ Yes ☐ No
   Details: _____
8. Do you have back or spinal issues?
   ☐ Yes ☐ No
   Details: _____
9. Are you currently pregnant or recently postpartum?
   ☐ Yes ☐ No
10. Are you taking any medications that may affect physical activity?
    ☐ Yes ☐ No
    Details: _____

2. Yoga Experience

Have you practiced yoga before?
☐ Yes ☐ No

If yes, how long have you practiced? _____

Preferred style or experience level:
☐ Beginner
☐ Intermediate
☐ Advanced

3. Physical Comfort and Limitations

Please indicate if you experience discomfort in any of the following areas:

☐ Neck
☐ Shoulders
☐ Upper Back
☐ Lower Back
☐ Hips
☐ Knees
☐ Ankles
☐ Wrists

Additional details: _____

4. Goals for Yoga Practice

What are your main reasons for joining yoga sessions?
☐ Improve flexibility
☐ Reduce stress
☐ Build strength
☐ Improve mobility
☐ Relaxation
☐ Injury recovery
☐ Other: _____

5. Additional Information

Is there anything else the instructor should know to help support your practice safely?

_____

_____

_____

Client Declaration

I confirm that the information provided in this questionnaire is accurate to the best of my knowledge. I agree to inform the instructor of any changes to my health or physical condition that may affect my participation in yoga sessions.

Client Signature: _____

Date: _____