

# REBECCA JAMES YOGA

Name:.....

Address:.....  
.....

Email:.....

Mobile:.....

Date of birth:.....

Doctor's name:.....

Doctor's address:.....  
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Phone: .....

Please list briefly any medical problems you have had (include high blood pressure, back pain etc)

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Do you currently have any medical conditions I should be aware of?

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Is there any further information you would like to make me aware of?

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I take full responsibility over my health in the yoga sessions and should there be any medical change I will inform my yoga teacher.

Signed ..... Date.....

Return to : Laurel Cottage, Lower Wield, Hants. SO24 9RX