

**Restorative Yoga – Registration Form**

Name		Date	
Address			
Home Telephone			
Mobile Telephone			
Email Address			
Are you happy for Emma Bacon to contact you in relation to yoga and other holistic services?			
Emergency Contact Details			
DOB		Age	
Occupation			
Marital Status		Children (names/ages)	
Personality Competitive / Relaxed And Easy Going / Quiet And Shy / Other			
Suggested Dosha (P/V/K), if known			
Reasons for interest in restorative yoga			
Current Exercise / Yoga Experience			
Other Hobbies / Interests			
Injuries – when, where, how long, when does it hurt, what position are you pain free			

## Eating Disorder Support Services

How Often Do You Experience Negative Stress In Relation To The Following:						
	Always	Usually	Often	Rarely	Never	Note
Work						
Home & Family						
Finances						
Social						
Health						
How Often Do You Suffer From Fatigue And Tiredness?						
	Always	Usually	Often	Rarely	Never	Note
How Often Do You Sleep Soundly At Night?						
	Always	Usually	Often	Rarely	Never	Note
Physical health considerations – Please tick yes or no					Yes	No
Are you affected by a heart condition?						
Do you often feel faint / dizzy or have you ever lost consciousness?						
Have you ever suffered from unusual shortness of breath at rest or with mild exertion?						
Are you affected by bone or joint issues, such as arthritis?						
Do you have high blood pressure?						
Do you have low blood pressure?						
Are you currently on any prescribed medicines?						
Are you pregnant or have you had a baby in the last 6 months?						
Are you affected by back issues?						
Do you know of any other issues that may affect your ability to participate in physical activity?						
If you ticked yes to any of the above questions, please use this space to provide further information						
Emotional wellbeing – please use this space to provide further information						

## Eating Disorder Support Services

Do you have any questions or concerns about your restorative yoga sessions?			
Is there anything else you would like to share with your instructor?			
Date		Client Signature	
Date		Instructor Signature	