



ASSOCIATION OF HEALTHCARE PROVIDERS - INDIA

Educating & Advocating for Well Being of Common Man

YOGA HEALTH QUESTIONNAIRE & CONSENT FORM FOR NEW STUDENTS

The purpose of this questionnaire is to help your yoga teacher better understand your fitness and health level in order to address your general expectations from our yoga classes and prevent harm to the trainees

NAME:

AGE

SEX: M/F

DATE OF BIRTH (Date/Month/Year):

DATE:

EMAIL ADDRESS:

CELL PHONE NUMBER: _____ TEXT Okay? Y _____ N _____

ADDRESS:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE NUMBER:

1. Have you done yoga before? Y ___ N ___
(IF THE ANSWER IS NO, SKIP TO QUESTION #4)

2. If so, what style(s)?

3. How many years have you been doing yoga, and on average, how often? _____

4. On a scale of 1-10, how physically active is your lifestyle currently (10 being the most active)? _____

5. What other forms of exercise do you do?
(IF YOU DO NOT DO ANY OTHER FORMS OF EXERCISE, SKIP TO QUESTION #7)

6. How long have you been doing these other forms of exercise, and how often? _____

7. On a scale of 1 – 10, how stressful is your job? _____

8. What are your expectations and/or goals from your yoga classes?

9. Do you suffer from any of the following health issues? Check where applicable.

Arthritis	_____
Blood Pressure	_____
Diabetes	_____
Heart Condition(s)	_____
Migraine	_____
Hernia	_____
Have you undergone any surgery in the recent past	_____
Pregnancy	_____
Back Pain	_____
Any other illness:	_____

10. Are you O.K. with the use of essential oils during class? Y N

11. Please add any further comments, questions, and/or concerns here:

As everyone comes to yoga & meditation for different reasons please always let your teacher know of any injuries or relevant medical information, especially if you are new, if your situation has changed or if you have a new teacher.

The golden rule is 'if it does not feel right then do not do it'. We encourage you to stop whenever you need to. Feel free to ask for assistance if you are unsure about whether a pose, movement or breathing / meditation instruction is right for you. If it's not possible during the class, then talk to your teacher after the class. We are here to help you get the most from your practice and more than happy to offer adjustments or alternatives. We are here to support each other.

Please be aware that proper care shall be taken for your well-being and safety, however, it is important to realize it is ultimately your responsibility to adjust your practice to avoid injury or harm. **No responsibility can be taken for injuries from, or as a consequence of, your participation in these classes.**


Signature of trainee:

Date:

Signature of Yoga teacher:

Date:

Thank You,



Dr. Sunil K Khetarpal
Director, AHPI

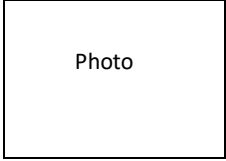


Dr. Narin Sehgal
Secretary, Delhi State Chapter

Admission Form No:.....

HEALTH STATUS QUESTIONNAIRE & CONSENT FORM FOR SADHAK / TRAINEE

The purpose of this questionnaire is to help your Yoga instructor to better understand your fitness and health level in order to address your general expectations from our Yoga classes and prevent harm to the trainees/ sadhak.



A. GENERAL INFORMATION

- 1. Name(*in capital letters*) :.....
- 2. Father/Mother/Husband's Name:-.....
- 3. Age:..... Sex(M/F):..... Date of Birth(D/M/Y):.....
- 4. Profession:.....
- 5. Residence Address:.....
.....
- 6. Identification Proof (*If any*):.....
- 7. Contact No:..... Email ID(*If any*):.....

B. HEALTH RELATED INFORMATION

I. General Examination

- 1. Build:.....
- 2. Height:.....
- 3. Weight:.....
- 4. Pulse Rate:.....
- 5. B.P:.....

II. Health Status

- 1. Any health related issues:.....
.....
- 2. History of present Illness:.....
.....
- 3. Past Medical History(*mention earlier complications, If any*):.....
.....

C. Purpose of joining the Yoga classes:.....
.....

D. Any other information:.....
.....

E. Self Declaration

I Certify that the information given above is true to the best of my knowledge. I herewith give my consent to undertake the Yoga classes/sessions at my own will. I will abide by the rules and regulations of the Yoga Centre.

Date:.....

Signature of the Sadhak/Trainee



The following are a few humble suggestions to the formats provided in connection with training of Yoga Sadhak

I. Inputs on Dr Narin Consent form- Document

1. The spelling of 'questionnaire' is noticed to be varying throughout the format
2. As Yoga is a broad term which consists of 8 angas, if the questionnaire is pointing towards only asanas better to mention it as Yogasana only everywhere
3. **PHYSICAL FITNESS QUESTIONNAIRE PRIOR TO YOGASANA: (Title of the Dr Narin Consent form)**
4. Yoga Health questionnaire and Consent form **should not be mixed together**. They should be two different documents.
5. The basic parameters like **Occupation, Build, height, weight, Pulse, BP, Diet, Addictions, stress, Bowel habits and urine habits** should be a part of Yoga Health questionnaire.
6. Whether practising or practised breathing techniques?
7. The leading questions regarding breathing techniques can be included
8. Essential oils are not practised in line with the principles of Yoga, it is very different therapy named as Aromatherapy. It needs to be revised
9. The grading scale mentioned need to be more pertinent with a definite range so that a quantitative data can be derived out of it.
10. Whether Power Yoga is practised in the daily routine?
11. Pregnancy cannot be included in the health issues; instead of that, Gynaecological issues can be included
12. Serial no 9 should be changed in the following sequence

Do you suffer from any of the following health issues? Check where applicable.

Arthritis
Blood Pressure
Diabetes
Heart Ailments
Migraine
Hernia
Back Pain
Any other illness:



National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

Have you undergone any surgery in the recent past?

13. “**Date**” in Serial no five should be at the top of the document. It does not carry any meaning at the place.

14. Self-Declaration should be a separate heading as it is consent form, which should have the following:

I certify that the information given above is true to the best of my knowledge. I herewith give my consent to undertake the Yoga classes/sessions at my own will. I have understood the benefits and risks, which may arise during the training. I will abide by the rules and regulations of the Yoga Centre.

II. Inputs on consent form for IS 17913 yoga centre

1. Health status questionnaire and Consent form **should not be mixed together**. They should be two different documents.

2. If still they are kept together, the form contains Pulse rate and BP which need to be monitored by the Medical Professional/ Trainer. **So need of Name and Signature of the Trainer is must in the form.**

3. Build, height, weight, Pulse, BP should be a part of the health status questionnaire and shall also include the following **Diet, Addictions, stress, Bowel and urine**

4. Self-Declaration could be reframed following:

I Certify that the information given above is true to the best of my knowledge. I herewith give my consent to undertake the Yoga classes/sessions at my own will. **I have understood the benefits and risks which may arise during the training.** I will abide by the rules and regulations of the Yoga Centre.

Thanking you,

Sincerely yours,

(Dr. Atul Mohan Kochhar)
CEO-NABH