



Medical/Health Form

❖ Name: _____

❖ Mobile number: _____

❖ Emergency Contact Details

Name: _____ Contact number: _____

❖ Please list all medical/health issues e.g. diabetes, high/low blood pressure, thyroid problem, back problems, pregnancy.

Medical/Health Issues

Signature _____

Date _____

- ❖ It is important that you inform me immediately of any changes to your medical/health conditions.
- ❖ It is important that you feel comfortable in all postures, should you feel uncomfortable at any time please stop immediately and lay in savasana (your most comfortable position).
- ❖ Please note all information is regarded as highly confidential.