**CONFIDENTIAL ENROLMENT FORM**

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| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| Address |  | Occupation |  |
| Email |  | Mobile # |  |

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| --- |
| **Please highlight if any of the following apply to you:** |
| Anxiety or Stress | Pinched nerves or discs | Reproductive issues/infertility |
| Depression | Hearing difficulties | Painful, heavy or irregular periods |
| Bereavement or Loss | Vision difficulties | Hysterectomy |
| Low Self Esteem | Arthritis or joint issues | PCOS/Fibroids/Endometriosis |
| Dizziness | Heart condition | Menopause |
| Shortness of breath | Circulation problems | Epilepsy |
| High or Low blood pressure | Autoimmune condition | Diabetes |
| Back pain | Partial mobility | Insomnia/Disturbed Sleep |
| Surgical procedures | Fatigue or Exhaustion | Chronic Fatigue / M.E. |
| Details of any condition highlighted, or any other symptom, condition or illness not listed: |
| Are you pregnant, trying to become pregnant, or have you been pregnant in the last three years? |
| Please list any current medication (herbal or pharmaceutical) or supplements: |
| How is your lifestyle generally? (stress levels, work, sleep, nutrition, exercise, etc.): |
| Previous yoga or meditation experience if any, and any current activities: |
| What is your motivation for attending this session and is there anything else you’d like me to know? |
| How did you hear about *Kirsty Innes Yoga & Wellbeing?* |

*Thank you for taking the time to complete this form. Please let us know if any of the information changes.*

*I have read and understood the above information and have answered all of the questions to my satisfaction. I hereby waive the right to all and any claim against the instructor for any injury or adverse change in my state of health arising directly or indirectly from my participation in these sessions and/or classes. I am voluntarily participating in these activities with full knowledge of the risks of injury. I understand that the information given on this form is private and confidential and will not be passed on to a third party.*