

‘Yoga For Healthy Lower Backs’ Registration and Booking Form

Booking onto a ‘YOGA for Healthy Lower Backs’ 12-Week Course

This information will be treated as confidential, but is required for your yoga teacher to teach responsibly and effectively and for quality assurance, clinical monitoring and administrative purposes.

By sharing your contact details you give permission for your yoga teacher to contact you should you miss a class without explanation, in order to help to sort out any problems with the class or with the yoga modifications. Please note – in order to attend this course, you must be able to get up and down off the floor (with the help of a chair or ledge, if necessary).

Many thanks for taking the time to fill out this form. (NB You could fill out the last page when you see your yoga teacher at the beginning of Class 1.)

Today’s Date...

Name...

Address...

Phone Number (s)...

Email Address...

Preferred Method of Contact (Email or Phone(s) or Post)...

GP Name...

GP Address (and Email Address)...

Who was the person who referred, recommended or ‘signposted’ you to this course (friend/physiotherapist/GP/self)...

Referrer’s Name...

1st Choice of Course (Day/Time/Town)...

2nd Choice of Course (“ “ “)...

How far would you be prepared to travel to attend a course in a different location for an earlier course start-date?...

Thank you for telling others about this course and for sharing the Information Leaflet – sent to you and available from www.yogaforbacks.co.uk Promotions Page.

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If filling out on a computer, change to coloured font or put asterisks in front of appropriate word(s).

Have you ever had a diagnosis on your low back condition?...

If so, what was it? ...

Who gave it? GP Physiotherapist Osteopath Other (please say who) ...

When was the diagnosis given? ...

Have you ever had an X-ray or a scan on your back? ...

If so, what was the diagnosis? ...

When was the X-ray / Scan done ...

Do you have leg pain or symptoms (numbness/pins&needles) due to your back condition?	YES	NO
Below the knee?	YES	NO
Below the knee <u>recently</u> , i.e. within the last 2 weeks	YES	NO

Do you have any of the following due to your back condition?

Difficulty passing or controlling urine?	Don't Know	YES	NO
Numbness around back passage, genitals or inner thighs?	Don't Know	YES	NO
Loss of control and feeling from your back passage?	Don't Know	YES	NO
Numbness, pins and needles or weakness in <u>both</u> legs?	Don't Know	YES	NO
Unsteadiness on your feet?	Don't Know	YES	NO

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Do you currently have, or have you suffered from....? (Change font colour or use asterisks in front)

High Blood Pressure Low Blood Pressure Chest Complaints Asthma Hernia

Joint Problems in your: Knee Shoulder Hip Neck

Osteoporosis Menstrual Problems Menopause Problems Prostate Problems

Headaches/Migraine Piles Insomnia Fatigue Varicose Veins Heart Trouble

Eye Trouble Arthritis Epilepsy Hearing Problems Are you Pregnant?

If you have any other complaints, injuries, illnesses or recent operations, please mention here.

Are you on any Medication?...

If so, what? ...

Please tell your yoga teacher from week to week if you are on any new medication (including anti-inflammatories or pain-killers)
or if you are suffering from a new complaint
or if you become pregnant.

Do you have any expectations or aims from attending these yoga classes?...

Do you smoke?...

Disclaimer. The full yoga programme was shown to be safe, effective and cost-effective when taught by trained yoga teachers within multi-centred RCT research (University of York 2006-2012) according to the educational resources (book/manual, CD, class plans). It was designed for non-specific, chronic/episodic/recurring general low back pain conditions and not those with serious pathology nor those in an acute phase. If in doubt, please ask your GP or consultant, whether this yoga course would be appropriate – show them the Trifold Information Leaflet and we can give you our Exclusion Criteria Sheet. Any advice is general and does not substitute medical advice, which you are advised to seek when appropriate to do so and before beginning any new exercise programme. We accept no responsibility or liability for incorrect use of this yoga.

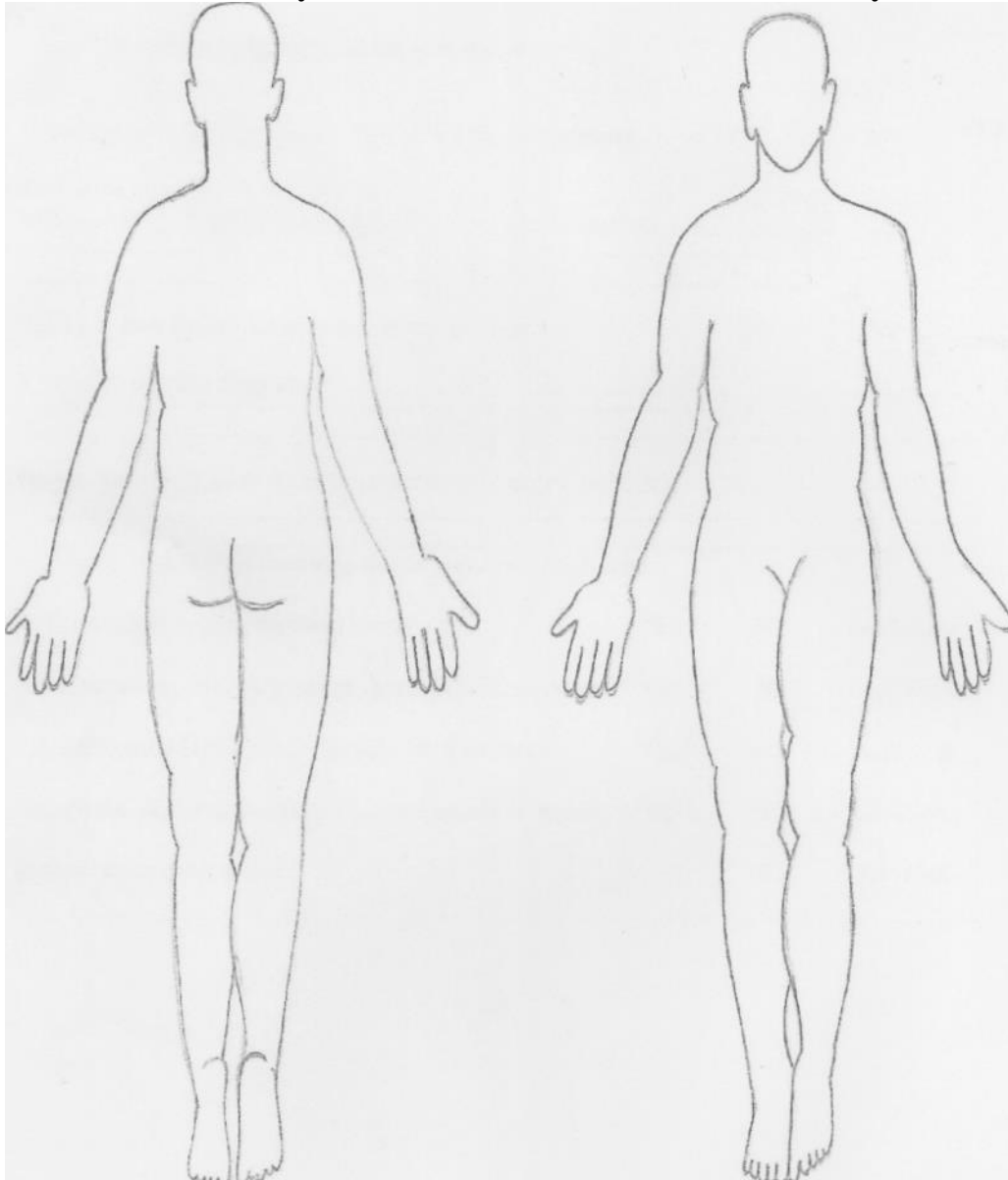
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LATER AT CLASS 1? (Please arrive early). Fill this in on the diagram below (Back and Front of body), to locate where and what kind of sensations you feel in your body, including your hands and feet.

Please mark: xxx aching pain *** Numbness sss Shooting pains
 ooo Burning @@@ Pins and needles / Tingling

Back of Body

Front of Body



Please put a mark on the line below to show where you feel your pain has been over the last two weeks, where the left-hand side means No Pain and the right-hand side means Intense Pain.

NO PAIN _____ INTENSE PAIN

Signed Date:

Thank you. Looking forward to helping you to learn how to positively affect your health.