

Health & Lifestyle Questionnaire

I should be grateful if you would complete the short questionnaire below so that we can prepare accordingly for your stay. It is important that you disclose ALL of your existing medical conditions so that we/I may determine whether to seek further medical advice before commencing an exercise / lifestyle program. This questionnaire does not provide medical advice in any form and does not substitute advice from a registered health care professional. All information is strictly confidential and will be kept on paper only.

Name: _____

Address: _____

Telephone number: _____

Emergency contact name & telephone number: _____

Age Group	18-24	25-34	35-44	45-54	55-64	65+
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Do you suffer from any of the following?	YES	NO
Heart disease or another heart condition		
Chest pain or dizziness when exercising		
Diabetes, type I or II		
Raised cholesterol levels		
High blood pressure		
Low blood pressure/fainting		
Gastro Intestinal Problems		
Epilepsy		
Arthritis		
Asthma / Breathing Difficulties		
Depression		
Detached Retina / Other Eye Problems		

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Do you suffer from any of the following?	YES	NO
Recent Operations		
Recent Fractures / Sprains		
Back Problems		
Knee Problems		
Neck Problems		
Recent Pregnancies / Are You Pregnant?		
Are you currently taking medication of any sort?		
Do you smoke?		
Do you have any allergies / food intolerances?		
Are there any vegetables / fruit you particularly dislike?		
Do you have any other conditions which affect your mobility or are likely to cause you concern when doing yoga or physical activity i.e. walking / hiking?		

If you have answered "Yes" to any of the above questions please provide further details in the space below. You may be required to see your GP before you can begin:

Additional Comments:



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We simply ask the questions below to help us plan and prepare better for your retreat.

Have you practiced Yoga before? _____

If Yes, What types and for how long? _____

Have you been on a Juice Detox / Cleanse before? _____

What are your main reasons for coming on a Juice Detox and Yoga Retreat? _____

Thank you in advance for completing and returning our Health and Lifestyle Questionnaire
Should you have any questions or concerns that you wish to discuss prior to coming
on retreat please do not hesitate to contact me.

By email at info@maisondelunel.com or by calling on +44 7732 491193

Signature: _____

Date: _____