

**Participant Information Form for Trauma Psycho-education and
Trauma Centre Trauma Sensitive Yoga Group**

Participant/Student Details

Full Name

Pronouns

DOB

Address

Phone

Email

Emergency Contact/ Next of Kin

Name

Relationship to you

Phone Number

Address

Email

The following personal health information is important for your Yoga facilitator to be aware of, in order to help ensure your safety during practice.

1. Do you have any current injuries?

Yes / No

If yes, please specify the injury and its management plan:

2. Do you have any ongoing medical conditions or relevant health concerns?

Yes / No

If yes, please specify:

3. Have you had any recent surgeries?

Yes / No

If yes, please specify:

4. Are you currently taking any medication?

Yes / No

If yes, please specify:

5. Do you have any of the following conditions? (Please check all that apply)

- Back pain
- Knee pain
- Shoulder pain
- Neck pain
- High blood pressure
- Heart disease
- Epilepsy
- Diabetes
- Pregnancy
- Other

Please specify the type and intensity of the pain/ any relevant details:

6. Do you have any allergies?

Yes / No

If yes, please specify:

7. Have you been advised by a healthcare professional to avoid any specific activities?

Yes / No

If yes, please specify:

8. Have you ever previously been injured during a yoga class?

Yes / No

If yes, please specify:

9. Is there any other information you think we should know to ensure your safety and well-being during group?

Acknowledgment and Consent

By signing below, I confirm that the above information is accurate and complete to the best of my knowledge. I understand that it is my responsibility to update The Psychological Health Centre if there are any changes to my health status. I acknowledge that I have consulted with a healthcare professional regarding any concerns I have about participating in yoga classes.

Participant Signature: _____

Date: _____