**Participation questionnaire**

Basic health information is collected in order to give you the best support. You are not required to provide any information, and anything you share will remain confidential.

Name:

Phone/mobile:

Date of Birth:

Address:

Email address:

Occupation:

Emergency contact:

Name:

  Relationship to you:

Phone:

Present use of medicine:

Please rate your energy levels from 1-10:

Stress Levels 1-10:

How is your sleep?

Any allergies?

Any present health conditions? When did these start?

Past health history (major illnesses, accidents, surgeries):

What other activities such as pilates, yoga and meditation have you tried in the past and for how long?

Present reasons for coming to Yuan Qigong:

What would you most like to see transform in your life?

How can I best assist you as a Ren Xue and Qigong teacher/practitioner?

Is there any other information that you think is important for me to know?

Do you consent to having photos of you which do not include your face used for social media and/or future promoting of Yuan Qigong?

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