Tirumular's Yoga Therapy Enrolment Form

COMMENCING ON_____

NAME: _____

ADDRESS: _____

_____

E-Mail ID (in caps) _____

TEL: _____GENDER: _____

DATE OF BIRTH: _____ OCCUPATION: _____

Your aim in applying to this Therapy Practice:_____

_____

_____

Where and what have you learned in yoga? (If you have not and you are a beginner please say 'NIL EXPERIENCE')

_____

_____

_____

Do you have or have you ever had any health issues or medical conditions?

Back/Joint related conditions Blood pressure Diabetes Endocrinal Conditions

Psychosomatic Conditions Heart Problems

Others, please specify_____

_____

Are you on any medications?

_____

_____

Have you been teaching yoga before? If so, give brief details as to what type of yoga you have taught and how long.

_____

Please check the word that best describes your current state of health:

☐ Great ☐ Good ☐ Fair ☐ Poor

Are you affected by any of the following?
(Have you seen a doctor for any of the following illnesses?)

High blood pressure	☐	YES	☐	NO
Heart disease	☐	YES	☐	NO
High Cholesterol	☐	YES	☐	NO
Diabetes	☐	YES	☐	NO
Kidney disease	☐	YES	☐	NO
Asthma or Lung disease	☐	YES	☐	NO
Tuberculosis	☐	YES	☐	NO
Liver disease or hepatitis	☐	YES	☐	NO
Arthritis	☐	YES	☐	NO
Bleeding disorder	☐	YES	☐	NO
Cancer	☐	YES	☐	NO
Bowel disease	☐	YES	☐	NO
Chronic constipation	☐	YES	☐	NO

If you have any other problems, please let us know:

_____

_____

_____

Have you ever been admitted to a hospital for a serious illness (such as a stroke, heart attack, pneumonia, car accident)?

☐ YES ☐ NO

SOCIAL HISTORY

Do you smoke now? ☐ YES ☐ NO If YES how much? _____
Have you ever smoked? ☐ YES ☐ NO
If yes, for how many years? _____When did you quit?_____
Do you drink alcohol? ☐ YES ☐ NO
If yes, how much? _____ How often?_____
Have you used recreational drugs? ☐ YES ☐ NO
If yes, which ones? _____
When was the last time you used one/them? _____

Marital Status:

☐ Single ☐ Married/Partner ☐ Divorced

Do you exercise? ☐ YES ☐ NO

How many hours do you sleep? Do you sleep well?:_____

_____

Your Diet: ☐ Vegetarian ☐ non Vegetarian

Any other information that you would like to share with us:

_____

_____

_____

Your well-being

You are responsible to make us aware of any medical conditions or physical concerns you may have in general in writing and on the day of your yoga therapy. We will offer guidance based on this knowledge. It is your responsibility to keep yourself safe and injury free. Use your own wisdom and knowledge of your body to make adjustments during your therapy. This is YOUR yoga therapy and is intended to benefit you and address your particular needs. You always have a choice. You decide what's right for you.

Note: All information received is confidential and gathered for your benefit and your safe experience with us.

All offerings are used for the sole purpose of educational and research activities. Please note, ONCE PAID, and your place is reserved, it is non-refundable.

I understand and give my permission to begin my programme in Tirumular's Yoga Therapy.

Name: _____ Date: _____ Signature: _____

Note: Please do not write below this line.

Official use only

Approved By: _____ Roll No.: _____ Donation Paid: _____

Date of First Day Practice: _____ Teacher: _____

Comments:

_____

_____