



The Meditation Man :: Meditation GENERAL HEALTH QUESTIONNAIRE

Revised 22nd June 2024

Name:.....

D.O.B:.....

Address:

..... Postcode:.....

Telephone No: Email:

1st Emergency Contact Name:

Telephone No.

2nd Emergency Contact Name:

Telephone No:

Please tick any of the boxes that apply to you

High or low blood pressure: Hearing impairment: Restricted mobility:

Anxiety: Visually impaired: Asthma:

Other (please detail):

.....
.....

I confirm the above information is correct.

Student signature:

..... **Date:**

Student's responsibility – Meditation is a safe and effective stress management tool.

However, if you have any of the following conditions or are under supervision by the mental health team/health care provider, we will require you to obtain consent from them to attend this meditation course.

If you tick “yes” to any of the following contra-indications, please either provide a letter from your mental health team/health care provider or alternatively sign the declaration below to confirm you have verbal consent from your mental health team/health care provider.

Depression: Bipolar: Epilepsy: Schizophrenia:

I declare I have made my mental health team/health care provider aware that I am attending a Beginners Meditation course and I agree that will notify my mental health team/health care provider should my health or symptoms change during the course.

Student signature:

..... **Date:**

GDPR regulations.

In order to comply with the GDPR regulations can you please tick the boxes below.

I agree for you to store my data, for the period laid down by your insurance.

I understand that this data will be stored securely and not shared with any other party whatsoever.