

Namaste,

Thank you for choosing a session with Yogi Baba Prem. Your other download includes important information that we will need to prepare your session. Read it carefully and fill out to the best of your ability. Ignore the last page of the questionnaire.

Kindly send these forms below back to us along with the other forms you downloaded. These can be scanned or you can take a picture of each one with your phone and send. To avoid delay's in processing your forms, please make sure the images are clear. Send them to ybprem@gmail.com In your email, please include days and times that are regularly open for you and we will schedule you for the first time that matches your availability and Yogi Baba Prem's schedule.

Note: the form below must be signed, computer font signatures will not be accepted.

Universal Yoga Inc.

I, the below signed, understand that by attending a Vedic astrology reading with Yogi Baba Prem (Tom Beal) is for educational purposes only. I understand that I should not make decisions based solely on the information from an astrology chart. I understand that I should consider a variety of factors in decision-making and always use my personal best judgment when making decisions. I understand, that Yogi Baba Prem (Tom Beal) does not prescribe medications or medicine, and that he is not a doctor. I understand there are time limitations and every aspect of the reading cannot be covered in a session. I understand that Yogi Baba Prem (Tom Beal) does not recommend or suggest that anyone stop their medication or medical treatment without consulting with their physician first.

Ayurveda Sessions: I understand that Ayurvedic consultations are about integrating a lifestyle into my daily life based on the ancient teachings of Ayurveda. I understand Yogi Baba Prem (Tom Beal) does not prescribe and treat illness. I understand that Yogi Baba Prem (Tom Beal) does not prescribe medications or medicine, and that he is not a doctor.

Yoga Consultations: I understand that I am responsible for my physical and mental wellbeing. I understand all times are maximum times for any exercise and that I should begin with 1/3 of the suggested time. I understand that I should not do any exercises that aggravate any areas of my body or mind. I understand if any concerns arise, the exercise should be discontinued immediately, and I should contact Yogi Baba Prem

I understand that all programs, classes, workshops, and private sessions with Yogi Harinam Baba Prem (Tom Beal) are for educational purposes only.

Note: This form must be signed, fonts will not be accepted.

Signed

Date

Print Name

Client Information Sheet

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: work _____ Home: _____

E-mail: _____

Please note your e-mail address will be added to our mailing list.

Date of Birth: _____

Time of Birth: _____

Source of birth time: _____

Location of Birth: _____