

Name:

e-mail:

SHRADDHA - PERSONAL INFORMATION FORM

CURRENT MEDICAL CONDITION Do you have any ailments or conditions that we need to be aware of?
Have you undergone/planning to get surgery or major medical procedure that will not allow you to sit for longer hours/practicing meditation?

REASON TO SEEK MEDITATION

CURRENT MENTAL CONDITION Do you have any stress/depression or any other mental conditions?
Do you sleep well?

PRIOR EXPERIENCE Have you learnt meditation before? If so, please furnish details including institute/name of Guru.
Also, if you ever experienced any sort of spiritual experience at any time in your life, please share.

SPIRITUAL/ RELIGIOUS ORIENTATION Do you have any favourite/Ishta Deity? Please give details
What is your level of spiritual/religious participation/activities?

DATE:

Signature: