***ChayaVeda™ Integrative Yoga Therapy Teacher Training 200 Hour
Program Application***

Name: Occupation:

Address:

Phone — Home: Business: Cell:

Email:

Preferred method of communication:

Date of birth: Age:

Referred by:

Emergency Contact: Phone:

Please use additional paper to complete your answers to the following:

What is your previous experience with yoga?

Why are you interested in taking this program?

What is your experience with stress management techniques or meditation?

What is your current exercise/yoga program?

What is your physical condition and list any medications you are taking?

What do you foresee as being challenging for you, and how may we best support you?

How do you foresee yourself integrating this into your life?

What do you expect to attain from taking this program?

What is your typical consumption of:

Caffeine: \_\_\_ Alcohol: \_\_\_ Tobacco:\_\_\_\_ Hours of sleep:\_\_\_\_ per day