

Mindfulness & Restorative Movement Courses and Workshops

Protocol for Self-Health Check & Questionnaire

NAME (block capitals, please):

TELEPHONE (Mobile)

EMAIL:

ADDRESS:

EMERGENCY CONTACT DETAILS:

NAME:

RELATIONSHIP:

PHONE:

EMAIL:

GUIDELINES:

Participation in Mindfulness and Restorative Movement courses and workshops includes but is not limited to: conscious breathing, meditation and gentle mindful movement. While mindfulness can be a positive experience for many, it can be pretty intense for some. The following guidelines should be applied:

- If you have a significant history of chronic, mental, emotional or physical illness, you must check with your medical practitioner to determine the appropriateness of attending.
- The programmes must not be viewed as a substitute for medical attention, examination, diagnosis or treatment.
- As a participant, it is your responsibility to advise the teacher of any physical, emotional or mental condition that may impact your participation in the class. This responsibility extends to keeping your tutor informed of any changes as they occur. Also, please keep your medical doctor / professional advisor up to date as appropriate.
- Please inform the tutor on arrival if you take any medication that may affect your practice.
- We will be using seated, standing and lying down. Please wear comfortable clothes.
- As with any activity, the risk of injury is always present. You are advised to proceed at your own pace.

PARTICIPANT DECLARATION:

- I have read and fully understand the guidelines.

SIGNATURE:

DATE:

Thank you for completing this part of the form. Now, please complete the next page.

Mindfulness Questionnaire (cont.)

YOUR NAME (block capitals please):

Please answer the following questions to help us enhance the course experience for you.
Please use additional space as appropriate in completing this form. Thank you.

YOUR LIFE:

1. What are some of your favourite ways of relaxing?

2. What challenges or issues do you face most frequently?
 - 2a) at work?
 - 2b) at home?

YOUR HEALTH:

3. Please mention any health conditions (Physical, emotional, mental) that are impacting your quality of life?

4. Please list any medications that you are taking at present?

YOUR EXPERIENCE OF MINDFULNESS:

5. Please give details of your experience and practice of Mindfulness, meditation and restorative yoga?

6. What does the word compassion mean to you?

YOUR EXPECTATION:

7. What do you hope to gain from this programme?

PARTICIPANT DECLARATION:

I have read and fully understand this form and accept the guidelines stated on the previous page.
I agree to inform the tutor in writing of any future change to my medical condition and will sign and date these changes as they occur.

SIGNATURE AND DATE:

All responses are confidential. Please bring a hard copy of your answer for the tutor to the first session.
Thank you for completing this form. Dr Neelam Taneja PhD