

Beyond Addiction Registration Form

Dear **Beyond Addiction** Participant,

Please answer the following questions to the best of your ability so that our training team can become familiar with your story. Please email the completed form to your course administrator or trainer. Any personal information provided by any participant will be held in strict confidence, and is for the express use of the course facilitators to understand the needs of you and the other course participants.

Course Location: _____ Course Date: _____

Legal Name: _____ Spiritual Name (if applicable): _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Occupation: _____

Emergency Contact Name _____
and Number(s) Home Cell Work

Skype Contact name, if available: _____

Name/Address of Employer [if applicable]:

Name of Spouse/ Guardian [if applicable]: _____ Phone: _____

Family Physician: _____ Phone: _____

How did you hear about this course? _____

I _____ give consent that the below information will be shared with the Beyond Addiction consultation team (which will be limited to: Sat Dharam Kaur, Gabor Maté, teacher trainers, my small group facilitator, the Beyond Addiction recovery team, and/or a consulting Physician, and Psychiatrist.)

Name Signature Date

What previous experience do you have with any kind of yoga? If none, write N/A.

What is your background with addictions?

Why are you interested in taking this program?

Do you have any physical/psychological ailments that affect your ability to practice Kundalini Yoga? Y/N If no, explain:

Are you currently working with a therapist? [Y] [N] If yes, how often? _____

Therapist: _____ Phone: _____

List dates and details of [any] past therapy:

Did you get the help you needed?

If no, what do you need more of? _____

Please list any previous hospitalization, or substance abuse treatment:

Date/Frequency: _____ Where: _____ Why : _____

Date /Frequency: _____ Where: _____ Why: _____

Date /Frequency: _____ Where: _____ Why: _____

Date /Frequency: _____ Where: _____ Why: _____

Have you ever been given a relevant Mental Health or Physical Health diagnosis by your primary physician, a clinic or hospital? [Y] [N]

If yes, provide details including date and diagnosis:

Do you now, or have you ever, suffered from anxiety [Y] [N] or depression [Y] [N] ?

If yes, provide details including any diagnosis and how extensive (list years). Please briefly describe your experience and symptoms.

Is/was the severity [check one]

mild _____ moderate _____ severe _____ disabling _____

Has your despair been such that you've made suicide gestures or attempts? If so, provide a brief background of incident(s), including when:

Are you currently struggling with suicidal or self-harming thoughts, images, feelings, or actions? [Y] [N] If yes, provide a brief background of circumstances, including when:

Provide a list of all prescription/pharmaceuticals you are taking, including start date and dosages:

Name of	Date	Frequency	Medications	Dosages	Side Effects
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Using the chart below, list all present and past addictive substance usage or addictive behaviours:
SUBSTANCE/BEHAVIOUR (e.g., gambling, sex, media, shopping, marijuana, alcohol, sugar, smoking etc)

Substance or Behaviour	Amount or Minutes/day	Route administered	Frequency	Last Used	Triggers to Use

Please briefly list events and experiences from your childhood that caused emotional or physical pain to you:

Please list any history of physical, sexual or emotional abuse that you experienced, or witnessed in someone close to you:

What current addictive behaviour patterns would you most like to change:

Describe how would you like to be instead?

What aspects of your life would you most like to change or improve?

What unhealthy thought patterns (or behaviors) do you over-identify with that are harmful to you as a person and/or harmful to your relationships? ("I'm not good enough", Overeating)

Describe one or two unpleasant emotional responses to people/events that come up for you most often:

Do you have a regular yoga or meditation practice? [Y] [N] If yes, provide a brief description, including duration and frequency of practice

Briefly describe what are you hoping to gain from the Beyond Addiction course, including the type of relationship would you like to have with yourself, the person you would like to become, what habits you would like to decrease or eliminate and what healthy habits you would like to have in place by the end of the course.

Draw an outline of your body below, indicating those areas where you feel physical or emotional pain, or where you have experienced disease. You can also simply make a list of areas instead of drawing:

Please attach on a separate page any other information or aspects of your history you would like to share or that may be important for us to know to be better able to support you.

Thank you

Beyond Addiction Program Waiver

I understand that it is my responsibility to consult with a physician and/or counselor/psychiatrist prior to and regarding my participation in the Beyond Addiction Program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my participating to the best of my ability in the Program. I understand that I must consistently monitor my energy and comfort, and take full responsibility for my own pacing of what I can and cannot do at this time. I understand that the program activities and homework are voluntary and that Kundalini Yoga is a non-forced, non-aggressive, non-competitive activity. I assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Beyond Addiction Program. I understand that I have choice in what I share about myself.

I will not hold Sat Dharam Kaur ND, Beyond Addiction or other instructors or course administrators responsible for any injuries or actions arising out of or in any way connected with my participation in this program. I acknowledge that a risk of personal injury may be involved in any exercise or yoga program, and understand that it is my responsibility to refrain from performing any yoga postures or exercises that cause me pain or discomfort, physically or emotionally. I acknowledge that in a professional manner, physical contact may be required for Kundalini Yoga instruction.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue or make any claims of any kind whatsoever against the Beyond Addiction Program or any of the aforementioned parties for any injury, property damage/loss, or death caused by their negligence or other acts.

I agree to the terms specified in the above waiver

Signature: _____ **Date:** _____