PRIME LIFE EDUCATION

REGISTRATION FORM FOR "THE POWER(BASIC)" PROGRAM

NOTE: 1. All columns are to be filled without blanks. In case anything is not applicable, write as N.A;
2. Tick / cross in the box wherever provided, as applicable

A. General information:

1. Name:_____
2. Name like to be called:_____
3. Age:_____ 4. Gender: Male ☐ Female ☐
5. Marital Status: Married ☐ Unmarried ☐
6. Educational qualification:_____ 7.Occupation:_____
8. Postal address: _____

   _____

   _____
9. Email ID (Optional): _____
10. Contact No.: Office_____home_____Mobile:_____
11. Preferable time to contact over phone:_____
12. When did you enroll for the program:_____date:_____

    and in which event:_____
13. Date of the program for which enrolled:_____
14. Have you participated in any other PLE, program earlier: Yes ☐ No ☐
15. If yes to 14 mention details:_____
16. Are you also registering for 'The Power', Advance: Yes ☐ No ☐
17. Who enrolled you to this program?_____
18. Mention the phone number of a responsible person to contact for

    communication in case required when you are in the program:_____
19. The Program is conducted in English at present. Can you understand English? Yes ☐ No ☐
20. What made you to enroll for the program? _____

    _____
21. Is there any particular health issue you want to resolve by attending this program:_____

    _____

B. Physical health related information

22. Do you have any health related issues as on date : Yes ☐ No ☐

23. If yes, please indicate whether you have any issues related to the following and also the number of year you have the issue:

Issues		No. of Years	Issues		No. of Years
a. Diabetes	☐	☐	b. Hypertension	☐	☐
c. Cholesterol	☐	☐	d. Gastric	☐	☐
e. Migraine	☐	☐	f. Arthritis	☐	☐
g. Heart Ailment	☐	☐	h. Male/Female issues	☐	☐
i. Eye issues	☐	☐	j. Skin	☐	☐
k. Back pain	☐	☐	l. Respiratory issues	☐	☐
m. Thyroid issues	☐	☐	n. Kidney issues	☐	☐
o. Constipation	☐	☐	p. Persistent Tiredness	☐	☐
q. Sleep issues	☐	☐	r. Weight isuues	☐	☐

24. Mention in case you have any other ailment other than mentioned above and how long you are having the ailment ? _____

25. Do you have any difficulty to sit for long time in the program ? Yes ☐ No ☐

26. In case you need any special arrangement to cope up the ailment during the program, mention here clearly:

_____

27. Are you under medication for any of the ailments mentioned above? Yes ☐ No ☐

28. In case of yes to the above, what is the type of medicine ?

Herbal ☐ Homoeopathic ☐ Allopathic ☐ any other ☐

29. How long are you under medication ?

30. Have you undergone any major surgery any time ? Yes ☐ No ☐

31. If yes to the above mention what it is? _____

I am aware that I have to sit long hours in the program and I take responsibility of my health as no physician will be available in the program venue. In case of any difficulty, I will speak to the manager and take suitable steps.

Date Signature

C. Your Weight Status

For understanding your heath status we need a few more details:

32. your weight in kgs ☐ your height in cms ☐

33. Do you feel your weight for you is: Ok ☐ overweight ☐ underweight ☐

34. In case you have weight issue, since how many years you have this ? ☐

35. Have you ever tried to manage your weight so far? Yes ☐ No ☐

36. If yes to 35, what method you have followed?

a. Exercise ☐ b. Dieting ☐ c. Weight management center ☐ d.other ☐

37. In case it is 'other' in the above briefly write what it is:_____

38.. Have you succeeded to manage your weight with any of the above? Yes ☐ No ☐

D. Your present health practices :

39 Do you follow any regular practice to keep your health well? Yes ☐ No ☐

40. Incase yes to the above indicate what it is:

a. Walking ☐ b. Yoga ☐ c. Meditation ☐ d. Spa/Massaging ☐ e. others ☐

41. In case it is 'other' in the above Briefly write what it is:_____

E. Mind wellnes related information :

42. Did you had any mind health related (Psychiatric) issues like depression or other? Yes ☐ No ☐

43. If yes please indicate the type of issue in detail: _____

_____

44. Were you under medication for the issue? Yes ☐ No ☐

45. Do you have presently any mind health related (Psychiatric) issues: Yes ☐ No ☐

46. If yes please indicate the type of issue in detail: _____

47. Are you under medication at present for the issue ? Yes ☐ No ☐

48. How long are you having the above ailment? _____

49. Do you have any difficulty to sit for long time in the program ? Yes ☐ No ☐

50. In case you need any special arrangement to cope up the ailment during the program mention:

_____

_____

I take responsibility of my health as no physician will be available in the program venue. I will get my physician's permission in case required.

Date. Signature

F. Confidentiality agreement :

I understand that the program may involve confidential matters of participants and I agree to keep all the matters in confidentiality.

I also understand that the program does not involve any treatment, advise or prescription for any disease and therefore I am willing to participate in the program with a open mind to learn and update my health on my own responsibility.

Date. Signature

G. Consent :

51. Is there anything else you want to communicate?_____

_____

_____

_____

I have gone through and understood all the details in this form and requirements to participate in the program. In case anything is required to be communicated after submitting this form, I will contact the person concerned and clarify / communicate the same.

I also understand that the program does not advise / give any prescription for any illness/disease.

I am willing to participate in the program on my own choice and get value.

Date :

Place : Signature

(Note : Be informed that your participation to the program will be confirmed only after this form is cleared by the program director).