



Client Registration Form

Private and Confidential

Name:

Age:

E-mail:

Phone:

Address:

Write your experience in any form of psychology, spirituality, complimentary medicine, yoga, therapy, counselling, etc:

Describe the medical condition of your body and mind:

Goal for the session:

Waiver of Liability:

The methods we use are not a substitute for your physician's or psychologist role in monitoring your health needs. We generally find that our methods are helpful to individuals seeking to identify and transform their limiting beliefs and sabotaging thoughts, thus helping them to move into a higher state of happiness, spiritual growth, self-confidence, empowerment, and well being.

We do not guarantee that you can or will be helped by the methods we use. Intelligence, motivation, the ability to concentrate, to apply techniques at home, and to think positively are also deciding factors.

Sudip Vairat or YOGA 5D Enlighten Earth are not licensed physicians or psychologists. YOGA5D treatments are not licensed by any federal or cantonal or municipal bodies & is complementary to licensed practices and services.

We ask that you take full responsibility for your health, decision making, and well-being; emotionally, financially, mentally, and physically. We do not diagnose diseases, prescribe any drugs or substances, make any health claims, or guarantee any outcomes.

By signing this form, you acknowledge that you take full responsibility for your health and your health needs and that you release Sudip Vairat and YOGA 5D Enlighten Earth and their affiliates, employees, and all related parties from any and all liability. Before starting any new approach to your health needs, it is always wise to check with your physician and psychologist first.

Sudip Vairat's and YOGA 5D Enlighten Earth's techniques and methods of work does not replace the professional diagnosis and treatment you might need from a qualified healthcare provider.

I have read and understand the above statements and agree to this waiver of liability.

Signed: _____

Date: _____

Parent or Legal Guardian
(if under 18 years old)

Place: _____

Sudip Vairat

Organic Shop: shop@yoga5d.com, E-mail: sudip@yoga5d.com, Web: www.yoga5d.com

Please **select** the areas you that is True for you:

Depression	Phobias	Sadness	Body Pain
Weight Loss	Concentration	Life Purpose	Public Speaking
Stress / Anxiety	Cravings	Surgery	Guilt
Panic Attacks	Fear	Hopelessness	Trauma
Stop Smoking	Loneliness	Relationship	Insomnia
Lack of Joy	Meditation	Empowerment	Regression
Confusion	Childbirth	Energy Level	Motivation
Nail Biting	Relaxation	Forgiveness	PTSD
Codependency	Inner Healing	Learning Ability	Resentment
Self-Hypnosis	Self-Esteem	Fear of Death	Jaw Clenching
Prosperity	Overwhelm	Spirituality	Test Anxiety
Jealousy	Anger	ADD or ADHD	Job / Career

Rate the following, 5 is best:

Physical Health	1	2	3	4	5	Emotional Health	1	2	3	4	5
Work Performance	1	2	3	4	5	Physical Strength	1	2	3	4	5
Being on Time	1	2	3	4	5	Prosperity	1	2	3	4	5
Generous Giver	1	2	3	4	5	Self-Esteem	1	2	3	4	5
Feelings of Guilt	1	2	3	4	5	Support from Others	1	2	3	4	5
HoldingGrudges	1	2	3	4	5	Spiritual Connection	1	2	3	4	5
Addictive Behaviors	1	2	3	4	5	Mental Health	1	2	3	4	5
Sense of Humour	1	2	3	4	5	Self-Care	1	2	3	4	5
Dwelling on the Past	1	2	3	4	5	Confidence in Future	1	2	3	4	5
Taking time to Play	1	2	3	4	5	Judgement of Self	1	2	3	4	5
Taking time to Relax	1	2	3	4	5	Judgement of Others	1	2	3	4	5
Physical Exercise	1	2	3	4	5	Joy/Happiness in Life	1	2	3	4	5
Financial Stability	1	2	3	4	5	Compulsive Behaviors	1	2	3	4	5
Close Relationships	1	2	3	4	5	Optimism	1	2	3	4	5
Traumatic Memories	1	2	3	4	5	Feelings of Worthiness	1	2	3	4	5
Self-Respect	1	2	3	4	5	Excellent Receiver	1	2	3	4	5

Signed: _____

Date: _____

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Place: _____