

Yeye Luisah Teish

Intake Questionnaire

Instructions: Please provides answers to the questions related to your participation in my online course and/or live (in-person) program or event experience. When you have completed your form, please return it via email to me at yeyeluisahteish@gmail.com. Thank you.

Name:

Address:

Email:

Phone No.

Do you have access to Google Hangout, Skype, and YouTube etc.?

Will you be attending every session?

If not when might you be absent?

Do you have physical, mental or emotional challenges that would interrupt your study and participation in this group?

Are you scent sensitive to candles, incense, herbal compounds?

Are you presently under the care of a psychologist or other health professional?

Are you on any medication?

Who do we contact in the event of any health challenges you experience while in class?

Other relevant information

Have you any physical disabilities?

People are supported in taking care of their own needs. What do you require for safety and comfort?

Spiritual background: _____

What has been your spiritual practice?

Are you presently a member of a society, egbe or study group?

