

## 40 DAY MEDITATION REQUEST FORM

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Email: \_\_\_\_\_

[*Sat Nam*: Please provide your email address as it will enable us to get your meditation to you faster! And, PLEASE PRINT CLEARLY!]

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Reason for Meditation Request: \_\_\_\_\_

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Are you Pregnant, and if so, how far along are you? \_\_\_\_\_

Are there any medical considerations we should know about?

\_\_\_\_\_

How many meditations have you requested in the past? \_\_\_\_\_

*Sat Nam*: For faster reply, e-mail your request to: [gurmukh@goldenbridgeyoga.com](mailto:gurmukh@goldenbridgeyoga.com)

The information contained in your meditation comes from ancient yogic tradition. Nothing in this meditation should be construed as medical advice. Always check with your personal physician or licensed health care practitioner before making any significant modification in your lifestyle, to insure that the lifestyle changes are appropriate for your personal health condition and consistent with any medication you may be taking.