

TCVC Retreatant Questionnaire

Please answer the following questions about your meditation, medical and psychological history. **This information is confidential** and strictly for the use of the retreat teachers to guide you more skillfully in your practice. It will also be used to assign personal or group interviews. Please be as complete as possible and print clearly. **Your questionnaire will be shredded at the end of the retreat.**

Name _____

Address _____

City/State/Zip _____

Occupation _____ Date of birth _____

How do you self-identify your gender? _____

Do you identify as a person of color? Yes No

For group meeting purposes, are you here with a significant other (spouse, relative, friend)?
If yes, please list the names here:

Please list dates and length of any prior practice with the teachers of this retreat.

Please list teachers, dates and length of any other insight meditation retreats.

Please indicate any other meditation experience.

In the event of emergency, whom should we notify? THIS INFORMATION IS IMPORTANT TO FILL OUT.

Name: _____

Relationship: _____ Phone: _____

(please turn page)

Please indicate your current daily or weekly spiritual practice(s).

Do you have any history of physical illness or limitations which might be aggravated by or interfere with sitting and walking meditation? Yes No If yes, please describe.

Are you currently seeing a therapist or counselor? Yes No

Therapist's name (*if applicable*) _____

Therapist's work phone _____ Therapist's other phone _____

Is your therapist aware you are attending this retreat? Yes No

In the unlikely event of a psychological emergency, may we contact your therapist? Yes No

Have you ever been diagnosed with a psychological condition? Yes No
If yes, please describe the diagnosis, treatment and dates.

Have you ever attempted to take your life? Yes No If yes, please state when.

Are you currently taking any medications for physical or psychological conditions? Yes No
If yes, please list each medication and the condition it is being used to treat.

Do you have any additional comments you would like to convey to the teacher(s)?

Signature _____ Date _____