**Retreat Center – Work Retreat Questionnaire**

*Please fill out and return, together with the Work Retreat Application and the $35 processing fee, to:*

*IMS Retreat Center, 1230 Pleasant St., Barre, MA 01005,* [*registration@dharma.org*](file:///\\dharma.org\IMS\registrar\John%20H\John%20Reviewing\registration@dharma.org)*, or Fax: 978-355-6398.*

*Please answer the following questions about your meditation, medical and psychological history. This information is confidential**and strictly for the use of the retreat teacher(s) to guide you more skillfully in your practice. It will be destroyed at the end of your retreat.*

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Female □ Male □ Transgender or gender diverse (e.g. gender queer, gender fluid, agender, etc.)

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visit Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you done an IMS Work Retreat previously?

□ Yes □ No If yes, please indicate date(s) and department(s):

List teachers and dates of any previous *vipassana* (insight meditation) retreats: *Attach extra paper if necessary.*

Indicate any other meditation experience:

Please describe your current daily or weekly spiritual practice(s):

Are there any medical or psychological conditions that are important for us to know about, so we can better understand your needs regarding this retreat?

□ Yes □ No If yes, please describe:

Have you ever attempted to take your life?

□ Yes □ No If yes, please state when:

Do you have any history of physical illness or limitations which might be aggravated by or interfere with sitting and walking meditation or your Work Retreat duties?

□ Yes □ No If yes, please describe:

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:

Describe any present circumstances which might be placing you under additional stress or make meditation difficult for you (e.g., recent loss of a loved one or job, substance abuse, illness, fasting):

Meditation retreats can at times be psychologically and emotionally stressful. In the event of a psychological emergency, do you have a therapist or psychiatrist that we could contact?

□ Yes □ No Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Add any additional comments you would like to convey to the teacher(s):

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date