

The Ashram of Enlightenment

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Swami Sri Guruji Grace Love

Founder and Spiritual Director

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ENLIGHTENMENT INTENSIVE QUESTIONNAIRE

Fill in each blank clearly. Use additional paper if necessary to complete answers. Please be advised that all information is kept strictly confidential and is only for the purpose of your Enlightenment.

NAME: _____ SPIRITUAL NAME:

NAME YOU LIKED TO BE CALLED:

HEIGHT: _____ WEIGHT: _____ AGE: _____ BIRTH DATE:

BIRTH TIME: _____ BIRTH LOCATION: _____ # OF CHILDREN:

BIRTH ORDER POSITION IN FAMILY OF ORIGIN:

CIRCUMSTANCES OF BIRTH: NORMAL __ PREMATURE __ LATE __ FAST __
HELD BACK __ CAESARIAN __ TRANSVERSE LIE __ DRUGS __ INDUCED __
BREECH __ FORCEPS __ CORD AROUND NECK __ TWINS __ TRIPLETS __
UNPLANNED __ UNWANTED __ ILLEGITIMATE __ ADOPTED __ YOUR
MOTHER'S PREVIOUS ABORTIONS AND/OR MISCARRIAGES __ OTHER
RELEVANT DETAILS ABOUT BIRTH

ADDRESS: STREET _____ CITY _____ STATE ____ ZIP

PHONE: WORK () _____ HOME () _____ EMAIL

OCCUPATION:

JOB TITLE AND DESCRIPTION:

PREVIOUS JOBS AND # OF YEARS THERE:

EARNED EDUCATIONAL DEGREE AND MAJOR:

SINGLE _ MARRIED _ LIVE-IN __ SEPARATED __ DIVORCED __ WIDOWED __
OF YEARS IN RELATIONSHIP ____ ABORTIONS ____ MISCARRIAGES ____
OF CHILDREN __ THEIR NAMES AND AGES

WHICH IF ANY LIVE WITH YOU?

RESPONSIBLE PERSON WE COULD CALL IN AN EMERGENCY _____
ADDRESS: _____ PHONE: WORK () _____ HOME ()

EMAIL:

HOW DID YOU FIND OUT ABOUT THIS RETREAT?

IS ENGLISH YOUR NATIVE LANGUAGE? ____ IF NOT, WHAT IS YOUR NATIVE
LANGUAGE? _____ ADDITIONAL LANGUAGES SPOKEN? _____

Do you currently practice any meditation or related techniques
(relaxation, visualizations, self-hypnosis, affirmations, prayer, etc.) on a
regular basis? If yes, list how often and length of time you do them at one
time. Describe format and how many months or years you have been
practicing.

(use extra paper if needed)

Do you currently have anyone supervising your spiritual growth? (Guru, Zen Master, Spiritual Teacher, Minister, Relaxation Therapist, Psychiatrist, etc.) ____ If Yes, give name, title, address and telephone numbers

Do we have your permission to contact this person, if useful or necessary? ____ May we share information with this person regarding your meditation experience here, for follow up later? ____ Under specific circumstances?

May we share unresolved therapeutic issues and suggestions?

What other growth techniques have you participated in? (Include names of programs and dates)

(use extra paper if needed)

Describe as precisely as possible any recent or profound spiritual experiences or sense of GOD working in your life, you may have had, focusing on the energy rather than the phenomena, under what circumstances they occurred, and approximate dates (Examples: going through a divorce; in a seminar; alone taking a walk; etc.)

(use extra paper if needed)

Do you have any current problems that may keep you from being able to be here with your full attention? If yes, explain:

Are you here to work solely on enlightenment or your next spiritual experience? _____ Is this your first Enlightenment Intensive? _____
If no, list dates and previous Retreats and Leaders:

What is the state of your health?

Do you wear contact lenses? _____ (Is it easier on your eyes not to wear contact lenses during long meditation periods?) If you have glasses, you may want to bring them. Please bring an extra pair and/or copy of prescription in case of loss or breakage.

Do you take regular vitamins? _____ List kinds, doses, and how long on them:

Do you have any history of chronic or potentially terminal illness? _____ If yes, please give diagnosis, current treatment and anything else essential for Guruji to know.

Do other family members encourage your bingeing? _____ Describe current situation:

Do you have any food or vitamin allergies? _____ If yes, list specific known allergies and noticeable reactions:

Do you have any significant dietary considerations? _____ If yes, explain (if you have food allergies, list them and acceptable food substitutions):

After working hard physically, do you feel better or worse?

Do you drink coffee? _____ If yes, how much and for how many years?

Do you snore? _____ Do you sleepwalk? _____ How often?

Do you smoke cigarettes? _____ If yes, how many _____, How often _____, and for how many years?

Have you ever taken illegal drugs? _____ What kinds?

Do you currently use any?

If yes to any of these questions, have you had any "bad trips" or short or long-term negative side effects? _____ If yes, describe

If clean, how long?

Do you drink alcohol? ____ How much and how often?

----- For how many years? _____ Have you
ever been hospitalized for alcohol abuse? ____ Where and for how long?
----- If sober, how long?

Treatment:

----- Twelve Step Programs?

Which one(s) have been most effective?

Triggering conditions:

----- Current situation:

Have you or members of you immediate family ever been hospitalized for
mental illness? _____ If yes, list who, present treatment and diagnosis:

Have you ever had shock treatments? ___ If yes, how many and when?

Please write here anything else you think our staff should know about you:

You may experience major shifts in your life as a result of spiritual
experience and the meditation you practice here and later. Are you
willing to allow major change to take place in your life as a result of the
Enlightenment Intensive?

Are there major issues you are currently working on or aware of that may
come up in the Intensive? _____ If yes, give details.

(use extra paper if needed)

Is there anything you would like to share with Grace that has not been asked?

Please list any specific recurring fears:

Describe any recurring and/or recent significant dreams:

If useful, contemplation questions or koans will be used during the Retreat. One of the following will likely be used:

- Who am I?
- What is Life?
- What is Love?
- What is Truth?
- What is Consciousness?

What is Enlightenment?

Question you feel moved to work on? (If uncertain, leave blank until you speak with Guruji.)

Are there any particular past lives that you have been aware of clearing that seem incomplete? List relevant clues.

Describe significant scenes and/or awarenesses. Pinpoint areas that seem incomplete.

----- Thank You.

It will support your Enlightenment Intensive to mail, email to Guruji@EnlightenmentAshram.com or FAX this to 928-649-0293 this contract at your earliest convenience. Thank You.

MAY YOU ENLIGHTEN! OM