

The Ashram of Enlightenment
P. O. Box 812
Cornville, Arizona, 86325-0812

Swami Sri Guruji Grace Love
Founder and Spiritual Director
928-649-3335
International 001-928-649-3335
www.EnlightenmentAshram.com

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: _____
PHONE: WORK () _____ HOME () _____
CELL : _____
ADDRESS: _____
EMAIL: _____
HEIGHT: _____ WEIGHT: _____ AGE: _____
BIRTH DATE: _____ BIRTH TIME: _____
BIRTH LOCATION: _____ # OF CHILDREN IN YOUR FAMILY: _____
YOUR BIRTH ORDER POSITION IN FAMILY OF ORIGIN: _____
CIRCUMSTANCES OF YOUR 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 YOUR
BIRTH _____

OCCUPATION: _____
JOB TITLE AND DESCRIPTION:

PREVIOUS JOBS AND # OF YEARS THERE:

HIGHEST 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 () _____
CELL : _____
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

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 Gurujji to know.

Have you had anesthesia, at your birth or otherwise?

Are you currently taking any medication or legal drugs? _____ If yes, list names, doses, times taken and how long on them:

Describe your regular diet, (actual, not ideal):

(use extra paper if needed)

Have you ever had any eating disorders that you are aware of? _____ Describe symptoms, extent of problem:

Triggering conditions:

Have you ever been hospitalized for this problem? _____ Where?

----- For how long?

Treatment: _____

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

How long since your last episode?

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? _____

Triggering conditions:

_____ Current situation:

Treatment: _____

_____ Twelve Step Programs? _____ Do you have a sponsor? ____ Which one(s) have been most effective?

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

Triggering conditions:

_____ Current

situation: _____

Have you had any problems with anger or rage? _____

Triggering conditions:

_____ Current

situation: _____

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

_____ Have you ever had suicidal thoughts? _____ If yes, did you plan a method? _____ If yes, describe method planned

Is there anything you would like to share with Guruji 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 Absolute Love?
- What is Absolute Truth?
- What is Absolute 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 email to Guruji@EnlightenmentAshram.com or FAX this to 928-649-3335 (call first) this questionnaire at your earliest convenience. Thank You.

MAY YOU ENLIGHTEN! OM