



## 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](mailto: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 \_\_\_\_\_