

Interview Form

Name:

Address:

City/State/Zip/Etc:

E-mail address:

Gender: Marital status: Birthdate: Today's Date:

Emergency contact - name, phone# & email:

Occupation:

In what year did you start meditating:

Previous Retreat Experience including dates, length of retreat, teacher(s):

Current Meditation Practice including frequency and method(s):

Have you ever experienced strong pleasure and/or joy (Piti/Sukka) while meditating?
If so please describe:

Are you under the care of a doctor or a therapist?
If yes, name and contact info:

Are you on any medication and/or have you recently changed medication?
If yes, medication name(s):