



Personal Information

Full Name: _____

Age: _____

Phone Number: _____

Email Address: _____

Health & Wellness

1. Do you have any medical conditions we should be aware of?

☐ Yes ☐ No

If yes, please explain:

2. Are you currently pregnant or postpartum?

☐ Yes ☐ No

3. Do you have any food allergies or dietary restrictions?

☐ Gluten-Free ☐ Dairy-Free ☐ Vegetarian ☐ Vegan

Other (please specify): _____

4. Are you currently taking any medications or supplements?

☐ Yes ☐ No

If yes, please list:

Spiritual and Emotional Intentions

5. What inspired you to attend this retreat?

6. What intention would you like to set for this weekend?

7. Have you participated in a spiritual or wellness retreat before?

☐ Yes ☐ No

8. What personal growth, healing, or clarity are you hoping to receive from this retreat?

9. Do you have any experience with crystals?

☐ Yes ☐ No

If yes, which ones do you currently work with or feel drawn to?

If no, are there any crystals you are curious about or interested in learning more about?

10. On Saturday morning, we will create a natural altar to connect with the four elements Earth, Water, Fire, and Air.

You're welcome to bring a photo of a loved one who has passed, or of your inner child, to honor and reconnect with their presence.

Would you like to bring something special to place on the altar?

☐ Yes ☐ No

If yes, please describe:

11. Are you comfortable with silent practices such as silent walks or meals?

☐ Yes ☐ No ☐ Open to trying

12. Which activities are you most looking forward to? (Select all that apply)

- ☐ Meditation
- ☐ Cacao ceremony
- ☐ Breathwork
- ☐ Yoga or movement
- ☐ Journaling
- ☐ Sound healing
- ☐ Nature walks
- ☐ Group sharing circle

13. Is there anything else you would like us to know in order to support you during the retreat?

Thank you for taking the time to complete this form. We look forward to sharing this experience with you.