

## Intakeform Rebirth of the Soul

Name:

Address:

Zip code:

Town:

Country:

(Mobile) phone number:

Email address:

Date of birth:

3-day retreat Rebirth of the Soul, The Sacred Voyage d.d.: .....

Food/meals during the weekend/retreat:

Please mention your allergies or food restrictions

If you don't want to eat bread, please let us know so we can take this into account.

Bread: yes/no\*

Medical/Therapy:

Do you have therapy/treatment by a psychologist, psychiatric doctor or other doctor?

And if so, for how long and for what reason?

Did you have therapy/treatment by a psychologist, psychiatric doctor or other doctor in the past? And if so, how long ago and for what reason?

Are you currently using medication?

Did you use any medication in the past? If so, how long ago, what kind of medication and what for?

Do you have problems with your heart, high blood pressure or any other condition we need to know about to guarantee your safety?

Do you use (sometimes or occasionally) any kind of drugs like XTC, alcohol, marijuana, cocaine or other drugs? If so, how frequently and which drugs?

Please stop using drugs and psychedelics at least one month before the retreat.

Experience/intention:

The questions below will help the team to prepare for the retreat.

We ask you to answer them in a way that feels good for you. If we feel the answers are too minimal, it is possible we will ask you for more specifics.

How many years of experience do you have concerning spirituality, personal development, education and so on?

What is your experience with meditation, dance, breathwork and/or bodywork?

Can you write something about the themes you would like to explore in this retreat?

Can you write something about your intentions regarding the healing process?

I have truthfully filled in this intake form

Signed d.d.

Place:

Signature:

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Signing the intake can be done upon arrival.

PLEASE RETURN THE COMPLETED INTAKE TO [info@thesacredvoyage.com](mailto:info@thesacredvoyage.com) THANK YOU!