

The Ashram of Enlightenment

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Guruji Grace Love, PhD

Founder and Spiritual Director

ENLIGHTENMENT TRAINING QUESTIONNAIRE

Fill in each blank clearly. Use additional paper if necessary to complete answers. Please be advised that all information is kept strictly confidential.

Name: _____

Spiritual Name: _____

Name you liked to be called: _____

Height: _____ weight: _____ age: _____ birth date: _____ birth time: _____

birth location: _____ birth state: _____ birth country _____

of children in your birth family: ____ Birth order position in family of origin: _____

Circumstances of 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 birth _____

Home Address: street _____ city _____

state _____ country _____ postal code _____

Phone: Work () _____ Home () _____ Cell: () _____ country

telephone code _____ Email Address: _____

Occupation: _____

Job title and description:

Previous jobs and # of years there:

Earned educational degree and major: _____

Single __ married __ live-in __ separated __ divorced __ widowed __

of years in relationship ____ If ended, how long ago? _____ abortions _____

miscarriages _____ # of children ____ their names and ages _____

Which, if any, live with you? _____

Responsible person we could call in an emergency?

Street address: _____ State: _____
Country: _____ phone W () _____ H ()
_____ cell () _____ country telephone code

How did you find out about this Enlightenment Training?

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, web 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 experience here, for follow up later? ____ Under specific circumstances?

May we share unresolved therapeutic issues and suggestions? _____

What other growth techniques have you participated in? (Include names of programs and dates)

(use extra paper if needed)

Describe as precisely as possible any recent or profound spiritual experiences or sense of GOD working in your life you may have had, focusing on the energy rather than the phenomena, under what circumstances they occurred, and approximate dates (Examples: going through a divorce; in a seminar; alone taking a walk; etc.)

Do you have any history of chronic illness? _____ If yes, please give diagnosis, current treatment and anything else essential for Guruji to know.

Have you had anesthesia, at your birth or otherwise? When?

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, particular addictive foods, 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:

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? _____ For how many years? _____
Have you ever taken illegal drugs? _____ What kinds? _____
Do you currently take any, list them. _____
If yes to any of these questions, have you had any "bad trips" or short or long-term negative side effects? _____ If yes, describe

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? _____
Treatment: _____
_____ Twelve Step Programs? _____ Which one(s) have been most effective? _____
Triggering conditions: _____

Current situation: _____

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

Have you ever had shock treatments? _____ If yes, how many? _____ How long ago? _____
Where? _____

Please write here anything else you think our staff should know about you:

You may experience major shifts in your life as a result of spiritual experience and the meditation you practice here and later. Are you willing to allow major change to take place in your Consciousness and your life as a result of the Enlightenment Training?

Are there major issues you are currently working on or aware of that may come up in the Intensive? _____ If yes, give details. _____

(Use extra paper if needed)

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 Love?
- What is Truth?
- What is 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 awareness. Pinpoint areas that seem incomplete.

Thank You.

Check any specific programs or services you are particularly interested in that Guruji and/or the Ashram offers: Aware Consciousness CD ___ Satsangs ___ DVD Satsangs ___ Subjects?

Scripture books ___ Private Satsang(s) ___ Private Skype Satsang(s) ___ Spiritual Astrology ___ Shields and Disentanglement Training ___ Emotional Freedom Technique Clearing ___ Past Life and/or Current Life Clearing sessions ___ Medical Massage by Candace ___ Reiki treatments ___ For what condition(s)? _____

Reiki Training _____

Residential Retreat ___ Enlightenment Intensive Residential Retreat ___ Disciple Initiation ___

Monastic Initiation ___ Ashram Residency ___ In Dharmasala Retreat Center USA ___ In

GOD's House, Switzerland ___. Other _____

GOD Bless you in your journey. OM

Enlightenment is Your Destiny!

OM