

The Ashram of Enlightenment
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Guruji Saint Grace Love Maharaj
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 city: _____ 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: Number and street _____

City _____ State _____

Country _____ Postal code _____

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

Country telephone code _____ Email Address: _____

Occupation: _____ Job title: _____

Job description: _____

Previous jobs and # of years there: _____

Earned educational degree and major: _____

Do you serve as a volunteer: ____ For what agency? _____

What services do you provide? _____

How long have you done this? _____

Have you served in the military? ____ In what branch? _____ Years served _____

For what country? _____ In what country? _____
Did you serve overseas? _____ Where? _____ How long? _____
Were you injured? _____ Describe: _____
Long-term effect? _____ Describe: _____ PTSD _____
Describe _____

Single __ married __ live-in __ separated __ divorced __ widowed __
Number of years in relationship _____ If ended, how long ago? _____
Pregnancies: _____ 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 at Work: () _____
Home: () _____ 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, mailing 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)

Do you have any current problems that may keep you from being able to be here with your full attention? If yes, explain: _____

Are you here to work solely on meditation or your next spiritual experience? _____ Is this your first Enlightenment Training? _____
If no, list dates and previous Enlightenment trainings and Teachers:

What is the state of your health?

Do you wear contact lenses? _____ (Is it easier on your eyes not to wear contact lenses during long meditation periods?) _____ If you have glasses, you may want to bring them. Please bring an extra pair and/or copy of prescription in case of loss or breakage.

Do you take regular vitamins? _____ List kinds, doses, and how long you have taken them:

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 menu, (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? ____ What, 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 you 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? _____
Have you ever used pornography? ___ If yes, when did this first start? _____ How long did this occur? _____ Are you still using it? ___ Triggering conditions? _____

Have you ever been convicted of a felony or been in prison? ___ If yes, give details _____

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 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 ___ Satsang DVDs ___ Subjects?

Scripture books ___ Spiritual Consultations) ___ Private (Skype) Satsang(s) ___ Spiritual Astrology ___ Shields and Disentanglement Training ___ Emotional Freedom Technique Clearing ___ Past Life and/or Current Life Clearing Consultations ___ The Course for Courage ___ The Destiny PlayShop ___ Medical Massage with Candace Beringer ___ Acupuncture at mountain Dove Healing Center ___ Chiropractic adjustments at Mountain Dove Healing Center ___ Naturopathic consultation with Dr. Shaida Sina ___ Homeopathic consultation

with Jana Shiloh _____ Reiki treatments _____ For what condition(s)?

Reiki Training _____ Residential Retreat _____ Enlightenment Intensive Residential Retreat
_____ Disciple of GOD Initiation _____ Monastic Initiation _____ Ashram Residency _____
In Dharmasala Enlightenment Center USA _____ In GOD'S House Monastery, Switzerland _____
Other _____

Name _____ Date _____

Guruji Saint Grace Love Maharaj

Date

May you Enlighten fully and totally, and integrate fully in this life.

OM