

Sedona Ranch Retreat

Self Assessment

Name: _____ Age: ___ Occupation: _____
Email: _____ Phone: _____
Address: _____

Part I: What is your purpose in attending this retreat?

It is very important to specify what you expect to get from this retreat.
Please take a moment to think seriously about each item before answering.

1. What is your motivation for participating in the retreat?
(You may check more than one.)

- a. To find a clear answer to the purpose of my life. ___
- b. To cultivate my talent and potential. ___
- c. I 'm interested in self-help and self-improvement. ___
- d. To understand myself on a deeper level. ___
- e. To improve my personality. ___
- f. To use it to help solving my life problems. ___
- g. To resolve some conflicts in my mind. ___
- h. To manifest my creativity. ___
- i. To improve my personal relationships. ___
- j. To develop leadership. ___
- k. To use it for my work or business. ___
- l. I was recommended by others to attend the workshop. ___
- m. I 'm not sure what to expect. ___
- n. Other. ___

2. What do you expect to gain from the retreat? (Please write in detail.)

Part II:

1. Please circle the following yes/no's, which indicate previous illness and/or medical treatment.

sickness, diseases, or disorder in . . .	Past	
Present		
a. circulatory system. (heart, blood pressure)	yes/no	yes/no
b. respiratory system. (lung, etc.)	yes/no	yes/no
c. endocrine system. (thyroid gland)	yes/no	yes/no
d. digestive system. (stomach, duodenum, intestines)	yes/no	yes/no
e. urinary system. (kidney, bladder)	yes/no	yes/no
f. skeletal system. (marrow, joints)	yes/no	yes/no
g. muscular system. (muscles, tendons, ligaments)	yes/no	yes/no
h. sensory system. (ears, nose, eyes, skin)	yes/no	yes/no
i. nervous system. (brain, nerves)	yes/no	yes/no
j. psychological disorder.	yes/no	yes/no
k. others ()		

2. If yes, please describe in detail about the items you checked.

Name of sickness:

Date (month / year) :

Part III:

1. Please circle the appropriate answers for each question.

- a. I think that my character is attractive to others..... **yes/no/neither**
- b. I think that my appearance is attractive to others..... **yes/no/neither**
- c. I like my face..... **yes/no/neither**
- d. I like my body..... **yes/no/neither**
- e. I think that I have an interesting personality..... **yes/no/neither**
- f. I'm satisfied with my educational background..... **yes/no/neither**
- g. I relate well with the opposite sex..... **yes/no/neither**
- h. I'm becoming more attractive as I get old..... **yes/no/neither**
- i. I relate well with people even upon first meeting..... **yes/no/neither**

2. Please circle the answers that most accurately describe how you've felt in the past several months.

- a. I feel energetic..... **definitely / somewhat / not really /not at all**
- b. I'm full of motivation..... **definitely / somewhat / not really /not at all**
- c. I'm manifesting my creativity..... **definitely / somewhat / not really /not at all**
- d. I have good concentration..... **definitely / somewhat / not really /not at all**
- e. I feel composed..... **definitely / somewhat / not really /not at all**
- f. I have few distracting thoughts..... **definitely / somewhat / not really /not at all**
- g. I feel lively..... **definitely / somewhat / not really /not at all**
- h. I'm emotionally rich..... **definitely / somewhat / not really /not at all**
- i. My life seems new and renewed..... **definitely / somewhat / not really /not at all**
- j. I treat my loved ones well..... **definitely / somewhat / not really /not at all**

5. Attach a recent picture of yourself.
6. List medications you are currently taking:
7. Dates of any recent vaccinations and what vaccine:
8. A short autobiography (where are you from, work, likes and dislikes, family, hobbies, etc.)

Agreement Contract

I hereby sign below agreeing that all information above is true and if any health information has been held back or lied about, I agree to face legal charges against myself for lying about my personal medical history.

I hereby agree that I have read all necessary information about this workshop, foods, I am aware that refunds are not given after 30 days of booking, accommodations and activities involved. I myself want to apply for this workshop. Therefore, I'm responsible for all my actions and health conditions during and following this workshop. I agree to have a **positive attitude, open mind and appreciation for the space, care and services being offered.** I thus agree to participate.

Signature

Date

*Thank you for taking the time to honestly answer all the questions.
This retreat has already begun with your sincere responses.
Sedona Ranch is here to help you to create happiness in yourself
and regain mastership of your life.*