

CONFIDENTIAL TEACHER INFORMATION FOR DONALD ROTHBERG
Mindful Heart Buddha Sangha Retreat, May 1 – May 3, 2020

Be assured that no one will read this information except the teacher.

Name: _____ Year of birth: _____

Address (including state): _____

Telephone: _____ Occupation: _____

1) Previous retreat experience in Buddhist meditation (specify dates, length, and kinds of retreats):

2) Any other meditation practices or spiritual traditions you have been or currently are involved with, including retreat experience:

3) Current daily/weekly meditation or other spiritual practice:

4) What are your hopes and intentions for this retreat? What motivates you to do a retreat at this time?

5) Additional comments or information that you would like the teacher to have.

(Continued)

Intensive retreat can be physically and psychologically challenging. To support retreatants in those rare cases where difficulties do arise, having information regarding the following questions will help the teacher to respond to the situation more effectively. This information, like all information on this form, is strictly confidential.

1) Are you currently seeing a therapist or psychiatrist? Yes _____ No _____

If yes, may the teacher contact him or her In case of an emergency? Yes _____ No _____

Therapist's name _____ Tel. # _____

I give permission for my therapist to share information with Donald Rothberg during this retreat.

Signature _____ Date _____

2) Please describe any condition or history of physical illness or physical limitations that may interfere with or might be aggravated by sitting or walking practice.

3) Have you ever had or been treated for a psychological condition such as depression, eating disorder, drug or alcohol addiction, anxiety disorder, schizophrenia or any other psychological condition? Yes ___ No ___
If yes, please specify condition(s) and date(s):

4) Are you currently taking medication for any physical or psychological conditions? If yes, please specify the condition and list the medications and dosage.

5) Have you experienced any significant emotional, psychological, or spiritual difficulty in your life that affected your ability to function? If yes, please describe it and when it occurred. Is it still occurring now?

6) Have you ever attempted to take your life? Yes _____ No _____ If yes, when?

7) How does the practice of meditation, silence, and retreat affect all of the above conditions?

8) Please identify any present conditions in your life that might be placing you under stress, or that might make meditation difficult for you at this time (e.g., recent loss of a loved one, substance abuse/withdrawal, relationship ending).