



# Retreat Discovery Form

This confidential form helps us understand your current needs and ensure that this retreat is a supportive and appropriate environment for you.

Some of our sessions may invite reflection or emotional release. Your openness helps us create a safe and nurturing experience for everyone.

Your information is treated with care and confidentiality and is only shared with the facilitation team as needed to ensure your wellbeing.

## **Section 1: About You**

**Full Name:**

**Email:**

**Phone Number:**

**Emergency Contact (Name & Phone):**

**Have you attended a retreat or wellness workshop before?**

☐ Yes

☐ No

If yes, please share what you enjoyed or found challenging:

## **Section 2: Intentions & Expectations**

1. **What draws you to attend this retreat at this time?**

2. **What are you hoping to experience or gain during this retreat?**

3. **Are there any personal practices you currently engage in (e.g. meditation, yoga, journaling, therapy, coaching)?**

## **Section 3: Wellbeing & Emotional Readiness**

Our retreats can bring deep calm and clarity but also, at times, strong emotions or self-reflection. These questions help us support you with care.

1. **How would you describe your current emotional or mental wellbeing?**  
(Choose one)
  - ☐ Very balanced and calm
  - ☐ Generally well, with some ups and downs
  - ☐ Experiencing stress or emotional difficulty
  - ☐ Finding things quite challenging right now
2. **Have you recently experienced any major life changes or emotional challenges (e.g. relationship shifts, loss, health concerns, or stress)?**
  - ☐ Yes
  - ☐ NoIf yes, and you feel comfortable, please share briefly:
3. **Do you have current support for your emotional wellbeing (e.g. therapist, counsellor, coach, supportive friend/family)?**
  - ☐ Yes
  - ☐ No
  - ☐ Prefer not to say
4. **Are there any themes or experiences that may feel emotionally sensitive or triggering for you (e.g. relationship issues, loss, trauma)?**
5. **Is there anything that might make you feel unsafe or uncomfortable in a group setting that you'd like us to be aware of?**

## **Section 4: Health & Participation**

1. **Do you have any physical or health conditions that may affect your participation (e.g. mobility, injuries, energy levels)?**

2. **Are you currently taking any medication that could influence your energy, emotions, or physical wellbeing? (Optional)**
3. **Do you have any dietary needs or allergies we should be aware of?**

## **Section 5: Readiness & Support**

1. **On a scale of 1–10, how ready do you feel to explore inner reflection and personal growth?**  
(1 = not ready at all, 10 = very ready and open)
2. **Is there anything specific we can do to help you feel safe, grounded, or supported during the retreat?**
3. **Is there anything else you would like us to know before the retreat begins?**

## **Confidentiality & Consent**

By submitting this form, you acknowledge that:

- Your information will remain confidential and used only by the facilitation team.
- This retreat is not a substitute for therapy or medical care.
- You agree to take personal responsibility for your wellbeing during the retreat and to seek support if needed.

☐ I understand and consent to the above.

**Signature (if printed form):** \_\_\_\_\_

**Date:** \_\_\_\_\_