



Connecting Within Retreat Questionnaire

Name: _____ Age: _____

Address: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Occupation: _____ Marital Status: _____

1. Emergency Contact: _____ Phone Number: _____

2. Are you under a doctor's care at this time? Yes / No (Circle One)

If yes, please state what for: _____

Doctor's Name & Phone Number: _____

If you are currently seeing a therapist, please let them know you will be attending this retreat.

3. Disclosure Statement

Sylvia Poareo is legally ordained as a minister and transpersonal counselor by the Association for the Integration of the Whole Person and will not be practicing psychotherapy with you. Rather, Sylvia is working with you as a consultant, facilitator and educator in the Inner Bonding process, and her ministerial license supports the spiritual nature of this work. It is our personal and professional ethic to hold all client disclosures in the strictest confidence. Sylvia's licensure as a spiritual counselor precludes any participation in clients' outside legal proceedings. This supports her intention to uphold your relationship as private and sacred. Inner Bonding is a profound self help healing and reconnection process. The length, depth and benefits of the Inner Bonding process depend largely upon your active participation. Part of our work may include holding, if that is appropriate for you. Holding never includes sexuality in any form. The intent of holding is to provide comfort and support in your deeper work and will not occur if it is not what you want or does not feel helpful or supportive to you.

4. Release

I understand that Sylvia Poareo is working with me as a spiritual counselor, not a licensed psychotherapist and that spiritual work and holding may be a part of our work together. I understand the benefits and limitations of Inner Bonding. I understand that the time frame and outcome will largely depend upon my participation.

Signed _____ Date _____

5. Any additional information you would like us to know?

Please complete this form and mail it to:

NCC of AIWP, 609 Oak Knoll Drive, Ashland, OR 97520 or email to: kcronkrite13@gmail.com