

STARGATE SCHOOL APPLICATION

This study group is thought of as a personal growth experience and not as psychotherapy. It can bring dramatic experiences, which can be accompanied by strong emotional and physical release. Therefore, this group is not appropriate for pregnant women or for people with heart-circulation disturbances, very high blood pressure, severe mental illnesses, acute infectious diseases or people that have just recently had surgery or fractures. If you are uncertain if you can participate, please speak with us.

Name _____

Address _____ City/State/Zip _____

Home Phone _____ Office Phone _____

Date & Time of Birth _____ Age _____ Location _____

Occupation _____ Degrees _____

Date of Last Medical Exam (status) _____
(if prior to two years - a new medical exam is required)

How have you heard about this program? _____

Tell us about yourself (honest answers do not preclude participation - all answers are confidential).

Why are you interested in participation in this program? What is your motivation?

Tell us about your spiritual path (practices, spiritual emergence, length of time, etc.)

Are you in or have you had any of the following?

	Yes	No	Specify
Counseling	_____	_____	_____
Psychotherapy	_____	_____	_____
Breathwork (type)	_____	_____	_____
Psychedelics or Mind Altering Substances	_____	_____	_____

Medical Information	Yes	No	Specify
Chronic/severe headaches	_____	_____	_____
Are you pregnant?	_____	_____	_____
Complications with your birth?	_____	_____	_____
Cesarean birth?	_____	_____	_____
Complications from anesthesia?	_____	_____	_____
Heart-circulation problems?	_____	_____	_____
Any heart attacks?	_____	_____	_____
Strokes in Family?	_____	_____	_____
High Blood Pressure	_____	_____	_____
Low Blood Pressure	_____	_____	_____
Recent Operations?	_____	_____	_____
Physical illness or injury?	_____	_____	_____
Severe mental illness?	_____	_____	_____
Been in a psychiatric hospital?	_____	_____	_____
Are you on any medications?	_____	_____	_____
Epilepsy or seizures?	_____	_____	_____
Contagious disease?	_____	_____	_____
Diabetes?	_____	_____	_____
Osteoporosis?	_____	_____	_____
Glaucoma or cataracts?	_____	_____	_____
Asthma? (bring inhaler)	_____	_____	_____
Kundalini?	_____	_____	_____
Spiritual Emergencies?	_____	_____	_____
Physical Limitations or Considerations	_____		

Please list food preferences & restrictions: _____

Is there any other significant information you want to share regarding your participation in this program?

I insure herewith, that I have read and understood the information above and answered all questions honestly and completely and did not withhold any information. Knowing the information listed above, I consider myself in good health.

Signed _____

Print Name: _____

_____ Dated