

Space For You

Questionnaire for Supported Retreats

We may be able to meet your requirements for a supported retreat better if we know more about what you require.

Thank you.

This information is confidential.

Name:

Address:

Tel:

When would you like to come ?

From..... .am/pm

To.....am/pm

Are you OK to spend some time alone ?

We can guarantee company about two hours per day.

Are you on any medication ? If so what ?

What sort of issues and problems are you dealing with that it may be helpful for us to know about ?... Continue on a separate sheet if needed.

Do you have suicidal thoughts or are you prone to self harming or harming of others ?

Is there anything else that you feel we should know about you ?

What do you feel you need in particular that Space For You could offer ?

Are you in regular counselling or healing with anyone ?

Who is your C.P.N. if any. Please give contact details.

Who is your next of kin or carer.? Please give contact details.

To whom should the bill be sent ?

What sessions would you like to do ?

Food is basic vegetarian. Do you have particular requirements ?

Please send this form to Trebartine, Little Kelynack, St Just, Cornwall, TR19 7RF or email claredyas@madasafish.com