



DIVINE RETREATS
CUSTOMIZED. LUXURY. WELLNESS.

PRE-ARRIVAL QUESTIONNAIRE

We are looking forward to hosting you! By participating in a Divine Retreat, you are already on your way to a healthy lifestyle. For us to provide you with the most meaningful retreat experience possible, please complete this entire form. All information will be kept strictly confidential. Once completed, save the file, and upload it to the secure link: www.divineretreats.net/pre-retreat-form.

1. GUEST PROFILE

FIRST NAME	LAST NAME		
PREFERRED NAME	GENDER	DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP
PRIMARY EMAIL	PHONE NUMBER		

ETHNICITY

- ☐ Caucasian ☐ Hispanic/Latino ☐ African American/black ☐ Hispanic/Latino ☐ Asian
☐ Others _____ ☐ Prefer not to say

MARITAL STATUS

- ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Committed relationship

SPOUSE OR SIGNIFICANT OTHER'S NAME

HOW MANY CHILDREN DO YOU HAVE?

WORLDVIEW

- ☐ Buddhism ☐ Christian denom _____ ☐ Hindu
☐ Jewish ☐ Muslim ☐ None or N/A ☐ Other _____

EMERGENCY CONTACT

FIRST NAME	LAST NAME	
EMAIL ADDRESS	PHONE NUMBER	RELATIONSHIP

WELCOME GIFT

SHIRT SIZE	SELECT FAVORITE COLOR LISTED	HEIGHT			
			FT		IN

PRIMARY CARE PHYSICIAN

NAME		OFFICE LOCATION	
PHONE	FAX	DATE LAST SCENE	

DIET

<input type="checkbox"/> None	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Other	
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RETREAT PACKAGE

<input type="checkbox"/> Signature package	<input type="checkbox"/> Newstart package	<input type="checkbox"/> Health Evaluation package
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HEALTH EVALUATION PACKAGE OPTIONS (only if reserved)

1. Resort dining option	
2. Meal options during Executive physical at AdventHealth	
<u>Breakfast</u> (select 3) (Juices and water included)	
<input type="checkbox"/> Veggie Omelet	<input type="checkbox"/> Oatmeal
<input type="checkbox"/> Parfait	<input type="checkbox"/> Bagel with cream cheese
<input type="checkbox"/> Croissant	
<u>Smoothie</u> (select up to 2)	
<input type="checkbox"/> Papaya Pina Colada	<input type="checkbox"/> Green Smoothie
<input type="checkbox"/> Peanut Butter Cup	<input type="checkbox"/> Berry Sensation
<u>Lunch</u> (select 1) (Juices, water, and selection of 2 side dishes included)	
<input type="checkbox"/> Black Bean Burger	<input type="checkbox"/> Vegetarian burger
<input type="checkbox"/> Pasta Primavera	<input type="checkbox"/> Vegetable wrap
<input type="checkbox"/> Salad	

WORK INFORMATION

OCCUPATION	RETIRED	OTHER
EMPLOYER	TITLE	YEARS WITH EMPLOYER
LOCATION	HOURS OF WORK PER WEEK	BRIEF JOB DESCRIPTION

GOALS FOR RETREAT

(Please share some of your goals for your experience with us so that we can customize your experience to help you reach them)

1.
2.
3.
4.

2. GUEST QUESTIONNAIRE:

Select your top 3 wellness amenity preferences.

1.	2.	3.

How did you find out about us?

MARRIOTT BONVOY LOYALTY NUMBER

We will add your loyalty number to your room reservation so you receive night credits towards your elite status.

What is your favourite aspect of the Ritz-Carlton?

What is one thing we can do to make your retreat surpass your expectations?

What is your reason for attending retreat?

Do you have any prayer requests that we can keep in mind as we prepare for you? (optional)

Do you currently have any questions for our medical specialists?

TRAVEL AGENT ONLY SECTION

NAME

AGENCY

IATA#

3. RETREAT EXPERIENCE:

TRANSPORTATION INFORMATION

Will you be driving/renting a vehicle?

Airport Name

Flight or Resort arrival date & time

Departing resort or flight date & time

Select custom spa treatments to enjoy at The Ritz-Carlton Spa:

1. 2.

Select preferred room type:

1.

5. Lifestyle Assessment

Please choose your current overall LEVEL OF HEALTH. (Very poor health (1), Excellent health) (10))

Please rank the top 3 areas you would like to improve with 1 being the most important and 3 the least important.

Sleep	Weight Management	Nutrition	Exercise
Purpose & Connection	Mental Health	Substance Use	

Do you rely on any of the following? ☐ Alcohol ☐ Smoking ☐ Poor Diet ☐ Other

6. EXERCISE:

I am satisfied with the amount of activity I participate in each week	
I walk for at least 10 consecutive minutes daily	
I actively exercise daily for at least 30 minutes	

7. WATER:

I drink 7-9 glasses of water each day	
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8. STRESS:

My personal belief system brings me hope and helps me cope with stress and illness	
I find it easy to forgive	
I am afraid of what will happen to me when I die	
My life has meaning and purpose	
I belong to a supportive community	

9. REST:

I get 7-9 hours of quality sleep at night	
Hours I spend in front of a screen for leisure or as a hobby	
Hours I spend in front of a screen for work or school	
I relax and enjoy my leisure time	
I am refreshed after sleep	
Sleep I usually get before midnight	
It is important for me to have a regular sleep schedule	

10. RELATIONSHIPS:

I am able to form quality bonds with those who are important to me	
I eat at least 1 meal a day with someone I enjoy being with	
I get the emotional support I need	
I have a good relationship with those around me	

11. NUTRITION:

I eat a healthy and balanced diet	
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I eat breakfast daily	
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On average, how many cups (8 oz.) of caffeinated beverages do you drink per day (tea, soda, coffee, or energy drinks)?
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On average, how many cups (8 oz.) of sugary drinks (soda, sports drinks, juice) do you drink per day?

On average, how often do you snack on convenience or "junk" food per day? (i.e. chips, candy, granola bars, crackers, cookies, etc.)
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On average, how many meals do you buy from a restaurant or fast food per week?
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Release Form

Divine Retreats has developed a whole person wellness improvement program based on successful programs that have decades of experience in implementing lifestyle change. The program is an evidence based, scientifically founded approach to physical, mental, and spiritual renewal. We have assembled a team of highly qualified healthcare professionals that have decades of experience in implementing such lifestyle programs. It is our intent to continue in this area of lifestyle education by providing guests, staff, physician residents and/or students to be able to learn the scientific principles taught and how to successfully implement this program.

The above-mentioned goals are only possible by continuing to educate, research, market and promote the evidence that is studied. It is for this reason we inform you that there might be students, residents and/or trainees in the course of your experience here. We also will gather data in accordance with the governing laws, while protecting your personal information to use in the promotion, research, and marketing of the Divine Retreats lifestyle Program.

Divine Retreats values your privacy and shall not sell or distribute your personal information with other non-affiliated business entities.

_____(Initials) I hereby give permission Divine Retreats Lifestyle program to use my name, story, picture, video, or any portion of my spoken or written testimony and/or photography/video in connection with promotion of the Divine Retreats Lifestyle Program in any way, including in print, video, internet, social media, or any other communication medium.

_____(Initials) I also hereby give permission to share my contact information including my email, address, and phone number with the other guests in my session.

Only the data gathered shall be used for the purpose of research. My name and contact information will not be used in the publishing from the data that is used for the purpose of research and publication.

Any exclusions can be made in writing upon admission to the program.

I understand and agree that any information released by this form will become the exclusive property of Divine Retreats, and that I am to receive no compensation or remuneration for my participation.

Print Name:

Signature:

Date:

Divine Retreats Program Consent

Research

Divine Retreats seeks to be at the cutting edge of scientific lifestyle medicine. As such we want to document the results of the findings from Divine Retreats lifestyle program for evaluation of techniques, improvement of procedures and program marketing. Additionally, Divine Retreats is collaborating with Weimar University's Research department to analyse data from the Divine Retreats lifestyle program for research, publication and presentation to the medical community. Researchers will have access to your medical information but any data the utilizer published will be without any individual identification and will not be traceable to you personally. You understand and authorize Divine retreats, Weimer University and their designated research personnel to use health information from you for purposes of the research, marketing, publication and program improvement.

Acknowledgment of Receipt of Notice of Privacy Practices

By signing this document, you acknowledge receipt of the notice of privacy practices and bill of rights and responsibilities from Divine retreats. The notice of privacy practices provides information about how we may use and disclose your protected health information. We encourage you to review it carefully. The nature of privacy practices is subject to change. If the notice is changed you may obtain a revised copy on our website www.Divineretreats.net or on request from our staff.

Other form of contact:

Contact permissions: Divine Retreats may contact me (or leave messages) for follow-up lifestyle improvement activities and information about upcoming retreats:

- ☐ Home phone ☐ Cell phone ☐ Work phone ☐ Email address ☐ Mailing address
- ☐ I prefer not to be contacted

Signature:

I certify that the information I provided is complete and accurate to the best of knowledge. I have also read, understand and agree to all the sections and pages of this patient registration/intake packet and my signature on this page effectively signed each of these sections including but not limited to:

- Receipt of notice of privacy practices
- Contact permission

Signature of guest or guest representative:

Date:

Guest Name (Please print):

(If Patient Representative) Name of Representative:

Relationship to Patient: