

# Release & Renew™ Participant Information Packet

Complete and return to: The Center for Well Being  
7107 Buccaneer Trl.  
Austin, TX 78729  
512-249-5683  
Or by email to:  
kate@thecenterforwellbeing.com

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Name \_\_\_\_\_ DOB \_\_\_\_\_ R&R Date \_\_\_\_\_

Email \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

With respect to the participants in the R&R™ Program, all information given in this Participant Information Packet is confidential.

Please complete the following information:

Are you interested in carpooling to the retreat location? \_\_\_\_\_

Please note any dietary preference: None \_\_\_ Vegetarian \_\_\_ Vegan \_\_\_

Can you eat (Y/N): Fish \_\_\_ Chicken \_\_\_ Turkey \_\_\_ Pork \_\_\_ Eggs \_\_\_ Dairy \_\_\_ Wheat \_\_\_

Do you have any food allergies? \_\_\_ If so, please specify: \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical disabilities? \_\_\_ If so, please specify: \_\_\_\_\_  
\_\_\_\_\_

Are you presently taking any medication? \_\_\_ If so, please specify: \_\_\_\_\_  
\_\_\_\_\_

Are you currently under a doctor's care for physical, mental, or emotional illness? \_\_\_  
If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Preferred physician: \_\_\_\_\_ Phone \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

**To facilitate the process effectively and assist you on your journey within, please write the *first thought* answers that come to mind as you read the following questions.**

What was the most significant determining factor in your decision to participate in the R&R™ program?

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List two things you like about yourself and/or your life.

1. \_\_\_\_\_

2. \_\_\_\_\_

List two things you would like to change about yourself and/or your life.

1. \_\_\_\_\_

2. \_\_\_\_\_

What is the greatest obstacle preventing you from having those things now?

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What patterns of behaviors or habitual cycles do you find yourself repeating the most in your life and/or your relationships?

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What is the earliest age you can remember this pattern(s) occurring?

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Describe your over-all feeling at that age. i.e. did you feel generally happy, loved, afraid, angry, lonely, etc.?

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Do you feel that way today? \_\_\_\_\_ If not, how do you feel now?

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