

# Soul2Soul™: A Retreat for Couples

## Participant Information Packet

Complete and return to:  
The Center for Well Being  
7107 Buccaneer Trl.  
Austin, TX 78729  
[Kate@thecenterforwellbeing.com](mailto:Kate@thecenterforwellbeing.com)  
(512)249-5683

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**With respect to the participants in the Soul2Soul™ Program, all information given in this Participant Information Packet is confidential.**

**Please complete the following information:**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Soul2Soul Date \_\_\_\_\_  
E-mail \_\_\_\_\_ Referred by \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Emergency Contact: Name \_\_\_\_\_ Cell # \_\_\_\_\_

Dietary preference: Vegetarian \_\_\_ Vegan \_\_\_ None \_\_\_  
Can/Will you eat: Chicken Y/N Fish Y/N Pork Y/N Dairy Y/N  
Do you have any food allergies \_\_\_\_\_ (Please specify)

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

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

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

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Preferred physician: \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred hospital: \_\_\_\_\_ Address: \_\_\_\_\_  
Partner's Name \_\_\_\_\_ Partner's DOB \_\_\_\_\_

Do you and your partner reside at the same address? \_\_\_\_\_

If married, what is your anniversary date? \_\_\_\_\_

If not married, what do you consider your anniversary date as a couple? \_\_\_\_\_

How many children have you and your partner had together, if any? \_\_\_\_\_

How many marriages or significant relationships have you had previously? \_\_\_\_\_

How many children do you or your partner have from previous relationships? \_\_\_\_\_

How many children reside with you and your partner full time? \_\_\_ Part time? \_\_\_\_\_

**To better facilitate this experience and assist you in getting the most from your journey together, we ask that you derive your answers to the following questions independently from your partner. We encourage you to complete each question before going on to the next, writing the first thoughts and/or memories that come to mind. Please keep your answers confidential!**

*What do you hope to gain from the Soul2Soul™ Retreat?*

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*Are there any specific aspects of your relationship you would like to focus on and/or heal during this experience?*

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*Briefly describe the earliest negative experience you had with your partner that you feel impacted your relationship?*

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*Does this experience continue to influence your relationship? \_\_\_\_\_ If so, how?*

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*Do you recognize conflicts or challenges with your current partner that you've experienced in previous relationships? \_\_\_\_\_ If so, briefly describe:*

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*What patterns or behaviors do you find **yourself** doing that you've recognized in previous relationships, or even in childhood?*

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*If you could change one thing about your partner, what would it be?*

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*If your partner could change one thing about you, what do you think it would be?*

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*If you could change one thing about **yourself**, what would it be?*

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*List three of your most positive attributes:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*List three things you most admire about your partner:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List three things you love about your relationship:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you feel is the most significant accomplishment you and your partner have achieved together? \_\_\_\_\_

How do you feel your relationship affects those you love?

\_\_\_\_\_

How do you feel your relationship impacts the world?

\_\_\_\_\_

**Complete the following sentences by circling one or more of the multiple choices.**

1) When I'm angry with my partner, I **a. argue b. withhold love, sex, or affection c. get revenge d. go away e. tell him/her how I feel f. hold a grudge g. rage h. other** (describe) \_\_\_\_\_

2) When I feel hurt by my partner, I **a. talk to him/her about it b. blame and get angry c. take responsibility for my feelings d. ask for an apology e. take care of myself and let it go f. feel justified in hurting my partner back g. get depressed and withdraw h. other** (describe) \_\_\_\_\_

3) When I feel afraid, I **a. tell my partner b. ask for support c. get angry d. hide from life e. take care of myself f. act like a child g. other** (describe) \_\_\_\_\_

4) When I desire sexual intimacy with my partner, I **a. tell my partner what I want b. ask for what I want c. initiate sex playfully or passionately d. give my partner signals e. overpower my partner f. wait for my partner to initiate g. tantalize my partner h. other** (describe) \_\_\_\_\_

5) The most reoccurring conflict(s) in our relationship are about **a. money b. sex c. jealousy d. children /parenting e. habits and behaviors f. religion /spirituality g. other** (describe) \_\_\_\_\_

6) I show my partner I love him/her by **a. saying it b. giving a lot of compliments c. spending time with him/her, nurturing our relationship d. desiring him/her sexually e. giving up what I want for him/her f. supporting him/her financially g. surprising him/her with romantic gestures and gifts h. other** (describe) \_\_\_\_\_

Is there anything more you feel we should know that would serve you and your partner in getting the most from this program?

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