

### **Greetings and Congratulations!**

You have chosen to participate in an extraordinary opportunity for personal growth and well-being, and I welcome you to **Creating Our New Story** at Omega!

Prior to our time together, it would be helpful to bring awareness to the limiting stories about your life. These can be the stories to which you cling, with which you overly identify, or those which you are outgrowing. These stories are the ones that have fear and limiting beliefs embedded.

The attached questionnaire will help to bring your work into focus. Please complete it as soon as possible and return it to the address below. Instructions are included.

Also, it is recommended that, prior to the retreat, you focus on your own self care. If possible, get enough sleep, eat well, and refrain from excesses of any kind (particularly stimulants and alcohol or recreational drugs). This is advisable when undertaking an in depth healing retreat.

Our goal is experiential learning. Please bring a journal with you, and a small sacred object that will be placed on an altar within our space. In choosing this sacred object, let yourself find something that sings to your heart, connects you to your power or to Spirit, or holds other value for you.

I am so looking forward to meeting you and to our time together at Omega! Feel free to contact me if you have questions regarding the content or format of the retreat.

Many blessings,

Victoria

**Victoria Johnson, JD, L.Ac, MaOM**

**Practitioner of Shamanic Arts**

**The Condor Journey**

HYPERLINK "http://www.condorjourney.com" [www.condorjourney.com](http://www.condorjourney.com)

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***Creating Our New Story: A Shamanic Journey with Victoria Johnson***  
**September 20-25, 2015**

**Pre-Retreat Questionnaire**

This questionnaire is designed to help me tailor the retreat to the needs of the participants and to enhance the focus and benefits of your personal experience. Please fill it out quickly with your initial thoughts and feelings. There is no “right” or “wrong” answer. Please return your completed questionnaire by:

**Mail:**

Omega Institute  
Attention: Registration Department  
150 Lake Drive  
Rhinebeck, NY 12572

**Or scan and email:**

ClassApplications@eOmega.org

**All questions are optional and all information is confidential.**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Other

Children? \_\_\_\_\_ How Many? \_\_\_\_\_

1. What is your current story about yourself? In other words, how do you identify yourself in relation to you, your family of origin, your adoptive family, your family of choice, or your work in the world? Please use the space below, and additional paper as necessary.

2. The following areas play the biggest parts in my current story:

Please number your top 5 areas in the order of importance to you.

- |   |   |
|---|---|
| ____ My life in general   | ____ Physical Health, Pain and/or Illness |
| ____ Relationship Issues  | ____ Spiritual Growth                     |
| ____ Diet and nutrition   | ____ My Life Purpose                      |
| ____ Negative Emotions (Depression, Anxiety, Fear/Phobia, Jealousy, Grief, Anger Grief) |   |
| ____ Energy Medicine  | ____ Financial Stress                     |
| ____ Meditation and Yoga  | ____ Family and Children                  |
| ____ Mental Stress  | ____ Other, Please describe:              |

3. How is your current story the same as or different from the story of your lineage? (Parents, grandparents, great grandparents).

4. What is your greatest fear? Why?

5. What is working in your life right now?

6. What is not working in your life right now? How do you hold yourself back?

7. If you could change any one thing in your life, what would it be? Why?

8. What is your favorite nursery rhyme, fable, or myth? Why did/do you like it?

9. What is the state of your health?

Physical: Excellent \_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_

Please explain.

Mental/Emotional: Excellent \_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_

Please Explain

10. Are you currently taking any medications? \_\_\_\_\_Yes \_\_\_\_\_No

For what purpose?

11. What experience do you have, if any, with alternative, holistic, integrative, or complimentary healing methods?

12. What supportive practices do you have in your life? Meditation, yoga, dance, exercise, reading, etc?

Please add any comments, questions or concerns here.

Thank you!

Victoria Johnson