

ZEN CENTER OF SAN DIEGO  
2047 Felspar Street, San Diego, CA 92109  
858-273-3444

Name:

Dates of sesshin you are applying for:

**Page 2 of Application for Sesshin**  
**CONFIDENTIAL**

If you are applying for a sesshin and have never attended one at ZCSD (or if you have never completed a "Page 2" of the application), we ask that you complete this form and mail or drop it off as soon as possible to the center. We cannot process your application until we receive this page. If mailing, please mark "ATTN: Sesshin Coordinator" on the outside of the envelope.

1. Have you ever attended a sesshin, intensive, or meditation retreat? If yes, please describe:
2. Please briefly describe your prior meditation and practice experience (not mentioned already above), including details and frequency of your involvement, length of time you have undertaken various practices, teachers with whom you have worked, and any other relevant information:
3. What do you see as the point of practice at this time, and what is involved in your practice?
4. Have you been in psychotherapy in the last 2 years? If yes, please describe:
5. Are you currently in therapy? If yes, please describe:
6. Have you ever been hospitalized for mental health reasons? If yes, please describe when and for what specific reason:

7. Have you ever tried to commit suicide? If yes, please write date of attempt(s) and means:

8. Do you have any physical illnesses/conditions that may limit your participation? If yes, please describe:

9. Please list any medication you are currently taking:

Please read and sign the following:

I understand that my physical, mental, and emotional well-being are my own responsibility; that Zen practice is not intended to substitute for therapy and that by signing this form I affirm that I am capable of undertaking the rigors of sesshin at this time. I am seeking medical or therapeutic treatment for any conditions that I may have, and I have related all pertinent information on this form.

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*Signature*

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*Date*

*Legibly Printed Name:*

*State of Residence:*

*Home or Cell Phone:*

*Email Address:*