



**MIND ENERGY BODY SCHOOL OF TRANSFORMATION
EQUINE GUIDE REGISTRATION FORM FOR
HORSE INITIATED PSYCHOTHERAPY**

Name _____

Occupation _____

Age _____

Phone _____

Address _____

Email _____

Have you ever been hospitalized for a mental illness or disorder? If yes, explain.

Describe your drug/alcohol use.

List any medication/supplements you are taking.

Describe any physical or emotional illnesses.

Are you motivated to do deep emotional work when your personal issues are triggered? Explain. How will you deal with negative transference in the group? Explain.

Are you committed to taking responsibility for your own emotional issues that may get triggered over the course of the training and not project them onto others? Yes/No Explain.

NOTE: An INTERVIEW IS REQUIRED BEFORE ACCEPTANCE INTO THE TRAINING

Learn to Guide Yourself and Others Home
Mind Energy Body School of Transformation

Give Form With a \$325 nonrefundable commitment check Made Out To Mind Energy Body Institute 6366 Fairways Dr, CO 80503; 720/530-7621 eberle01@sprynet.com.

