**Intake Form The Care Ranch Leadership Retreat**

Thank you for your commitment to join us for a 5-day immersive journey in Tubac, Arizona.

This intake form helps us understand how you think about yourself, how you approach challenges and opportunities, and which areas of your personal leadership you most want to strengthen—whether through our herd-wisdom equine sessions, kinesiology muscle-biofeedback, or one-on-one integrative coaching.

You’ll find questions about your mindset, your personal and professional aspirations, and a few health-related items needed to ensure your safety and optimize your experience with Elemental Body Alignment System (EBAS) and Kinesiology/LEAP Life Enhancement Acupressure Protocols. There are no right or wrong answers —only insights that guide us in co-creating a retreat program tailored to your personal needs.

Anything that isn’t clear or needs further explanation will be discussed during the intake interview at the start of the retreat. None of your answers will be shared in a group setting. If a question doesn’t feel relevant or you prefer not to answer, feel free to skip it. **Please submit your completed form at least one week before the retreat start date so we can prepare your personalized roadmap.**

We handle all your data with the strictest confidentiality. All responses are strictly confidential and used only to tailor your retreat journey.

**I Personal Details**  
Name  
Date of birth  
Address  
Postal code  
City:

Country:   
Phone number  
Email address  
General practitioner

**II Training goals & Self-Awareness**

1. What prompted you to participate in this training?
2. What is your current mood state, what three words best describe your current mood/state?
3. Name at least two positive qualities you believe you have.
4. What would you most like to see happen in your life?
5. Which aspects of yourself (as you currently perceive them) do you like the least?
6. Which aspects of yourself do you like the most?
7. Which achievements are you proud of?
8. What brings you intense joy?
9. What do you feel ashamed of?
10. What is your greatest fear?
11. Which losses or painful experiences have been significant for you?
12. What values or principles guide your most important life decisions?
13. What do you believe others most misunderstand about you?
14. Do you suffer from any addictions? If yes, which ones?
15. Which important matters do you continuously postpone? Or which choices do you avoid?
16. What is your biggest concern right now?

**II. Relationships & Family**  
17. Describe your relationship with your parents.  
20. Do you have siblings? If yes, what is your position in your family oldest, middle, youngest child, how is your relationship with them?  
21. In your parents’ eyes, what kind of person are you?

22. Who has been a role model for you?  
23. Do you have a partner?  
24. What do you appreciate in your current relationship or friendship?

25. In your partner's eyes, what kind of person are you?

26. In your friends eyes, what kind of person are you?

27.Would you like to change anything in your current relationship or friendships?  
28. Do you have a life purpose? If yes, what can you tell us about it?  
29. If you have a partner, what might be your shared life purpose?

**III. Self-Rating (0 = very poor, 10 = excellent)**

Please rate the following topics on a scale from 0 to 10, where 0 means very poor and 10 means very good:

Upbringing: \_\_\_\_ /10  
Handling money/Finance: \_\_\_\_ /10  
Freedom within your relationship: \_\_\_\_ /10

Intimacy: \_\_\_\_ /10  
Relationship with family: \_\_\_\_ /10  
Balance between private life and work: \_\_\_\_ /10

Work\_\_\_\_ /10

Health\_\_\_\_ /10

**IV Leadership Identity & Expression**

30. How would you describe your leadership style?

31. What kind of energy do you naturally bring into a group or team?

31. Which aspects of your leadership feel aligned and effortless

32. Which aspects of your leadership feel forced or draining?

33. When under pressure, what identity patterns (e.g., fixer, controller, pleaser, rebel, achiever) tend to take over?

34. What feedback about your leadership has had the greatest impact on you — positive or negative?

35. What parts of yourself do you tend to hide, suppress, or overemphasize in professional settings?

36. Who are the leaders or mentors that most shaped your leadership identity, and what did you take from them?

37. How do your personal values and your professional role align — or clash?

**V Intention**

38. What does "leading from wholeness" mean to you?

39. What inner contradictions or identity tensions do you feel ready to explore or integrate during this retreat?

40. What impact do you want your leadership to have?

41. Name at least two things you’d like to work on during this training: personal and/or professional .

**VI Health Questions**  
42. Do you use any medication? If yes, which?  
43. Do you use homeopathic remedies, vitamins, minerals, etc.? If yes, which?  
44. Do you have any health complaints?  
45. Are these complaints acute or chronic?  
46. Are you currently under any medical treatment? If yes, please explain.  
47. Do you have mobility problems? If yes, please describe.  
48. Have you ever undergone surgery? If yes, which procedure and when?  
49. Have you ever had an accident? If yes, what kind?  
50. Have you ever had a serious fall?  
51. Are you now—or have you ever been—in treatment at a mental health facility?  
52. Do you have any blood disorders (e.g. anemia, hemophilia)? Yes/No  
53. Do you have high blood pressure? Yes/No

54. Do you have stomach problems? If yes, which? Yes/No  
55. Do you have bowel problems? Yes/No  
56. Is your bowel function regular? Yes/No  
57. Do you have diabetes? Yes/No  
58. Do you have any heart problems? Yes/No  
59. Do you have any respiratory problems? Yes/No  
60. Do you suffer from (extreme) fatigue? Yes/No  
61. Are you allergic to anything? If yes, do you take medication for it? Which?  
62. Do you fall asleep easily? Yes/No  
63. Do you sleep soundly (at least 6 hours uninterrupted)? Yes/No  
64. Do you wake up feeling rested? Yes/No

65. Do you have any additional comments or information you’d like to share?

**VII Movement Questions**

66. What is your relationship with movement and your comfortability with it?

67. Do you have any challenges that might impact your participation in spinal and pelvic articulations, getting in and out of a chair/floor, or other joint challenges?

68. How comfortable are you with hands-on learning/cuing?

69. How valuable do you feel a relationship with your body is to your growth and development as a leader?

70. What does being in energetic, emotional and physical alignment mean to you?

71. How important is it for you to be able to claim your space and radiate confidence in your posture?

72. What does the phrase “comfortable in your skin mean to you”?

66. Space for any extra information you wish to provide beforehand:  
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