

Energy Work Questionnaire

Name _____

Date _____

Address _____

Birthdate _____ Age _____

Home Phone _____

Occupation _____

Cell Phone _____

Referred by _____

Work Phone _____

1) List any health problems you desire to heal _____

2) List any limiting emotions you desire to heal _____

3) List any relationships (current or past) you desire to heal _____

Are your parents living? _____ If no, age they died Mother _____ Father _____

What was your relationship with them like? _____

Are you currently married or in a partnership? _____ How long? _____

Names and ages of any children _____

4) List anything else you want me to know _____

5) On a scale of 1 to 10, how ready are you to heal?? _____

(1=lowest 10=highest level of readiness)