

Holistic Health Form



Name _____ Date _____
Address _____
Email address _____ Cell # _____

Some of these questions may seem bizarre or intrusive. Please only answer those you feel comfortable sharing. Please know this information is completely confidential and will never be shared or digitally stored.

What is your main concern?

What do you wish to achieve from this session?

How sensitive are you to your environment?

Have you ever had experiences with spirits, God, evil, other-world entities?

Have you suffered from any severe traumatic events in your life that you still feel anxious, depressed, sad, angry, etc. about? Please explain briefly, if possible.

On a scale of 1-10 how high is the anxiety/stress in your life?

What are your coping methods for dealing with difficulties in your life? Good and bad.

Do you have loved ones that have passed that we can call on to help you at this time? If so who?

If you received the blessings and healing you are needing right now, how do you see this manifest itself in 1 month, 1 year, 5 years?

Can you recall any recent nightmares or scary visions?

Who do you lean on for support in your life right now? How often do you speak or reach out for them?

Do you pray? Who do you pray to?

Do you feel supported and loved by these entities? Do you feel a strong connection?

What are you most afraid of right now?