

Name: \_\_\_\_\_ Session Date: \_\_\_\_\_  
(Please bring this with you to your session or have it available for your phone session)

**What current questions or concerns do you wish me to address:**

**Please state your current wishes and any new goals you want to manifest:**

**What beliefs are you currently having which may be blocking your optimal health?**

**What was helpful from our last session?**

**Please list All body sensations or symptoms including Location, Duration, Character (sharp, dull, pressure, etc), Alleviating/Aggravating factors, Temporal pattern (every morning, all day, etc):**

**Symptoms, issues, or current conditions:**

**What feelings have you been experiencing since our last session:**

**New meds, herbs/diet changes/exercise changes/sleep changes:**

**What has changed or is changing because of our prior session/or since our prior session:**