

## Conscious Completion, Inc. **Surgical Elixir Form**

Name \_\_\_\_\_

Date of Procedure \_\_\_\_\_ Doctor \_\_\_\_\_

What fears or concerns do you want me to support you in clearing prior to and during your procedure?

How is the procedure going to help you or improve your life?

What new habits and ways of thinking do you want to actualize more fully after the surgery?

Outline surgery/anything being put in the body such as metal/type of metal. For cavitation/dental list tooth number and what is being done.

Any unresolved issues regarding surgeries/dental for you or family members (outline only pls)?

(Dental only) When you look at the organs represented by the teeth meridian chart, any insights?

(Surgery) What insights do you have regarding the area(s) of the body being worked on?

Any family issues where a family member or friend died before it was resolved (including dying in fear, pain, conflict, accident, or war)?

Anyone in your family who is not included or anyone you do not include in your family that is considered family or situations where someone was cut off or excluded?

Are you carrying something that belongs to someone else? Burdens, duties or anything you are internalizing?

Anything you feel like you need to scream about?

Anything you have not forgiven yourself for?

Are there ways you feel cut off or disconnected from your life or dreams?

What are your ultimate goals you wish to manifest by doing this procedure?

Anything else you think I need to address or know (**this form is confidential**):

Please use the back if needed. Please scan the form and email it or send a typed reply ([consciouscompletion@gmail.com](mailto:consciouscompletion@gmail.com)). Submit at least 24hrs prior to pre-surgery session. For additional insights email those the night prior or day of surgery.