

Conscious Completion, Inc. * Pre-Session Form for work with Laurel * 424-572-0224

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 has helped you to detach from old limiting beliefs and judgments?

What was helpful from your 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/experiences you wish to note between sessions:

If it helps you to honor your feelings and sensations, you may note them right here. Please stay free of judgments. Just allow yourself to be where you are at, witness and breath:

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

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

What additions have you made to your new canvas?

The Meditation page of the website can be good to use as well as this form. If you wish to share your outcome or what worked for you from this page: