

# Conscious Completion, Inc. Surgical Elixir Form

Send to: 34405 Columbine Ln, Polson, MT 59860 Name \_\_\_\_\_

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

What are the fears or concerns you want me to support you in releasing 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.

Prior history with surgeries/dental for your parents and grandparents, any unresolved issues:

List extended family members who had complications with surgery or dental issues and what happened:

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:

Situations is in your life where you were excluded, or you excluded someone else:

Anything you feel like you need to scream about:

What are the ways you feel cut off or disconnected from your life or life 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**):