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**Personalized Grief Meditation Questionnaire**

Please note: Only one person who has passed over can be incorporated into each meditation.

 \*\*IMPORTANT NOTE: A grief meditation is NOT a reading. For a spiritual reading, you should look for the services provided by a medium. A personalized grief meditation is a hypnotherapy session that is created to help you ease your grief, by incorporating personal details into your audio. As a Grief Energy Healer, your personal audio will be infused with Reiki Energy Healing upon completion.

To purchase a grief meditation, go directly to [www.thesolutionwizard.shop](http://www.thesolutionwizard.shop) to pay by credit card.

Each unique meditation is $69.95 CAD with free worldwide shipping of a USB 2.0 Flash Drive or if pre-noted below, can be sent via Google Drive if you have a Gmail account\*\*.

After processing your payment, please provide the following information by emailing this form to mail@thesolutionwizard.com or thesolutionwizardseries@gmail.com

Please allow 2-4 weeks for completion, due to the time commitment to complete individual sessions.

YOUR NAME & EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHIPMENT VIA GOOGLE DRIVE (provide Gmail address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHIPPING ADDRESS FOR USB 2.0 FLASH DRIVE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT METHOD COMPLETED: Yes, my payment has been submitted on (date) \_\_\_\_\_\_\_\_\_\_\_\_

THE NAME OF YOUR LOVED ONE WHO HAS PASSED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MALE OR FEMALE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AT WHAT AGE DID THE PERSON PASS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\***PLEASE INCLUDE A PHOTO OF YOUR LOVED ONE IF POSSIBLE BY ATTACHING IT TO YOUR RESPONSE**.

PHYSICAL CHARACTERISTICS (E.G. HAIR COLOUR, EYE COLOUR, BODY TYPE – BUILD, HEIGHT, ANY IDENTIFYING MARKS – TATOOS, BIRTH MARKS, MOLES, ETC.)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONALITY TRAITS (E.G. SOFT-SPOKEN, SENSE OF HUMOUR, COMPETITIVE, LEADER, CARING, COMPASSIONATE, FRIENDLY, LOUD, BOISTEROUS, ETC.)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LIST 3 THINGS YOU WISH YOU COULD HEAR FROM YOUR LOVED ONE RIGHT NOW (E.G. I LOVE YOU, I DON’T BLAME YOU, I’M NOT IN PAIN, I’M SORRY, YOU MEANT SO MUCH TO ME, I’M OKAY, I’M STILL ALIVE, I CAN SEE YOU, ETC.)

1.

2.

3.

DESCRIBE 3 MEMORABLE MOMENTS THAT YOU SHARED WITH YOUR LOVED ONE DURING THEIR LIFETIME (E.G. ONE-ON-ONE TIME, FAMILY VACATIONS, CELEBRATIONS, QUALITY TIME, HAPPY MEMORIES, ETC.)

1.

2.

3.

LIST 3 THINGS THAT HAVE HAPPENED SINCE THE PASSING OF YOUR LOVED ONE (E.G. WEDDING, GRADUATION, BUSINESS SUCCESSES/AWARDS, BIRTH OF A BABY, FAMILY GATHERINGS, ETC.)

1.

2.

3.

(OPTIONAL QUESTIONS)

         HOW YOUR LOVED ONE PASSED (E.G. ILLNESS, ACCIDENT, SUICIDE, OVERDOSE, ETC.)

         NAMES OF OTHER FAMILY MEMBERS THAT WERE CLOSE TO YOUR LOVED ONE

         SPECIAL THINGS YOU WANT TO SHARE ABOUT YOUR LOVED ONE (THEIR INTERESTS, HOBBIES, THINGS THAT WERE IMPORTANT TO THEM)

         ANY OTHER COMMENTS OR STORIES THAT WILL HELP ME UNDERSTAND WHO YOUR LOVED ONE WAS AND HOW THEIR PASSING HAS AFFECTED YOU.

**Note: This hypnotherapy session is created for you only, and will be personalized to help you ease your grief, by giving you a resource that appears to be coming directly from your loved one. You can listen to your personal audio in times of emotional turmoil, or isolation to help you through those difficult times when you need a resource to turn to.**

***Remember, your unconscious mind is soothed by words and sounds regardless of the true reality behind the session’s content. It can be used as what YOU need to hear, to progress through your own journey towards healing your grief.***

Extra Notation: You may wish to complete this questionnaire as an additional tool for your grief work, even if you never request a personal grief meditation. Just completing this form for your own reference can be used in your own healing journey.