



PRIVATE AND CONFIDENTIAL

Welcome! Please fill out this questionnaire as completely and legibly as possible. This form is confidential and for Transpersonal healing/coaching purposes only. It will help me to better help you. Thank you!

PREFERRED NAME:

BUSINESS NAME (if applicable):

DATE:

ADDRESS:

ADDRESS:

Residence Business

PHONE NUMBER:

Home Cell

PREFERRED METHOD OF HEALING/COACHING SESSIONS:

IN PERSON TELEPHONE

SKYPE

Your Skype Username:

(PLEASE APPROVE OUR SKYPE CONTACT REQUEST WHEN RECEIVED)

EMAIL ADDRESS:

Private Shared

PREFERRED METHOD OF PAYMENT:

EFT CASH EWALLET

PAYPAL OTHER

GENDER:

Male Female



Please answer the following questions honestly and briefly, but thoroughly. Take your time. This form is private and confidential.

Please check any of the following health or trauma conditions that apply:

- Allergies / Asthma / Other sinus issues
- Skin irritations and/or disorders – eczema / psoriasis / etc
- Miscarriage / Abortion / Still birth
- Armed Robbery / High-jacking / Motor Vehicle Accident:

Any other traumatic experiences in your life, either as a child or an adult:

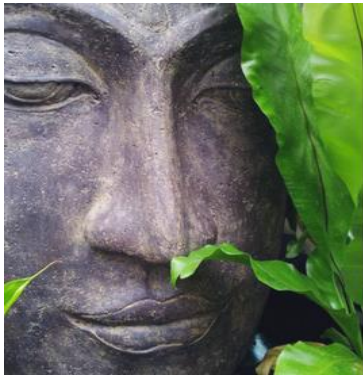
Abuse: sexual / emotional / physical / mental / relationships. etc. Please briefly describe any abuse you have experienced, and the age the abuse happened:

Death / Loss of a loved one, please describe relationship below:

Have you ever been present during the passing of a loved one?

Operations:

Physical Pain in the body - Location:



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-
- Seizures or Epilepsy
 - Schizophrenia / Hallucinations / Delusions
 - Depression / Anxiety / Panic Attacks
 - Bi-Polar Disorder
 - Other Diagnosed Physical or Mental Condition:

-
- Any major illness / hospitalisation – either as a child or an adult, and for how long?
-
-

Are you currently pregnant or breastfeeding? Yes No

Are you presently under a doctor's care? Yes No

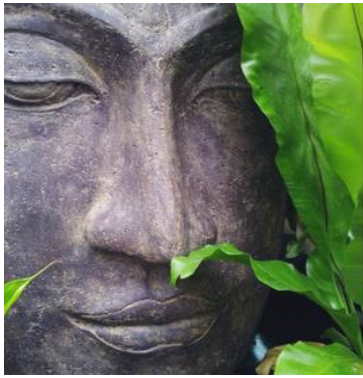
If yes, please describe:

Doctor's Name:

(I do not contact your doctor as a standard practice, this is only used in the case of an emergency)

Are you currently taking prescription medication? Yes No

If yes, please describe:



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Are you now being, or have you ever been, treated by a mental health professional?

Yes No

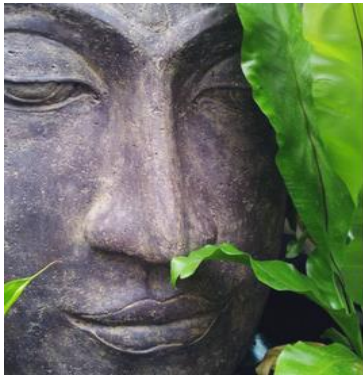
If yes, please describe:

Please answer the following questions honestly and briefly, but thoroughly. Take your time. This form is private and confidential.

REGARDING TRANSPERSONAL HEALING/COACHING:

What is your primary reason(s) for wanting holistic healing/coaching?

What benefits will you gain once your desired objective(s) is reached?



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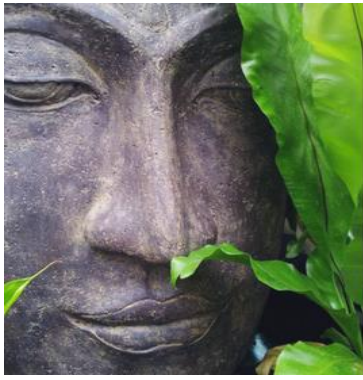
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What are you expecting to happen by using a holistic healer/coach?

What is the most empowering and helpful thing I can do for you during our sessions?

Are there any areas of holistic healing / coaching that you are not comfortable with, or wish to gain further clarity on?

How will you know that your holistic healing/coaching was successful?



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ABOUT YOU:

Please list 3 things you like best about yourself.

1. _____
2. _____
3. _____

What are you most passionate about?

What do you like most about your life now?



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What do you like least about your life right now?

Where do you want your life to be one year from now?

In what area(s) would you like to grow and experience positive change within yourself?

What one thing could you do in your personal and/or professional life that, if you did on a regular basis, would make a tremendous difference in your life?

Would those who know you best say that you are more outspoken or more reserved? On a scale from 1 to 10, with 1 being very reserved and 10 being very outspoken, which number do you think they would pick? (Circle Your Choice)

(Very Reserved) 1 2 3 4 5 6 7 8 9 10 (Very Outspoken)



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Would those who know you best say that you are more emotional or more logical (or rational)? On a scale from 1 to 10, with 1 being very emotional and 10 being very logical, which number do you think they would pick? (Circle Your Choice)

(Very Emotional) 1 2 3 4 5 6 7 8 9 10 (Very Logical)

On a scale between 1 (lowest) and 10 (highest), where would you currently rate your self-esteem? (Circle Your Choice)

1 2 3 4 5 6 7 8 9 10

Growing up, what were your family dynamics like? Did you feel supported and loved as a child?

What are your current relationships like? Do you feel supported and loved by your partner / friends / family / colleagues / etc? Please expand.

Do you have any children? If yes, did you have natural birth or caesarean section?



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How do you feel as a provider?

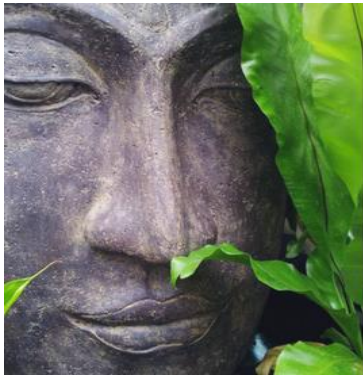
Are you comfortable in your career?

Please share with me one of your greatest moments, or absolute highs, in your life.

ABOUT YOUR BLOCKS:

Have you ever experienced any major set-backs in life – perhaps the loss of income, loss of a loved one – that has made you feel as though you have hit “rock bottom”?

What do you believe is holding you back or blocking you?



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What benefits do you gain by NOT reaching your objective(s)?

What fears do you have concerning moving forward with your objective(s)?

What is the most critical thing(s) you say to yourself?

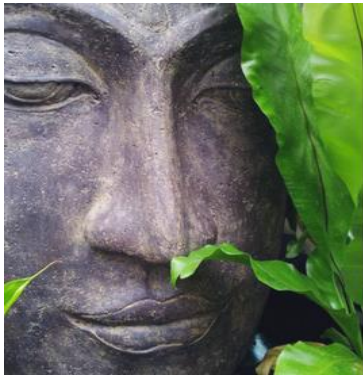
ADDITIONAL INFORMATION AND COMMENTS:

Do you have sensitivities to essential oils or oppose the use of Therapeutic Grade Essential Oils during your holistic healing/coaching sessions? Yes No

Have you had any previous Transpersonal healing or coaching sessions? No Yes

If Yes, how long ago?

If yes, which treatments did you receive?



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Do you believe the above treatments helped you? Please expand.

What did you like MOST about your previous Transpersonal healing/coaching?

What did you LEAST like about your previous Transpersonal healing/coaching?

Please feel free to add any additional comments, concerns or experiences you may have here:

Thank you for your business!