The Next Level Healer

Energy-Based Coaching/Healing Questionnaire

NAME	
ADDRESS	
EMAIL	
MOBILE NUMBER	Ok to text
• • •	re interested in having sessions with me. for me to help you achieve? Are you more ag or coaching or both?
Please rate the following a being very poor and 10 be 1. Physical Health 2. Emotional Health 3. Relationship 4. Support from friends 5. Spiritual health 6. Job/Career 7. Financial prosperity 8. Sense of purpose 9. Boundaries	

Life Overview

Put a check mark if the answer is yes.

Physical Health
l exercise regularly and enjoy physical activity
l eat healthy, unprocessed foods and drink high quality water
I limit caffeine intake
I do not smoke
I know how to relax my body & regulate my nervous system
I limit my sugar intake
I practice deep breathing
My blood pressure is normal
I limit my alcohol and cannabis intake
I sleep peacefully and get plenty of rest
Emotional Health
In general, I am a happy person
I have a good sense of humor
I am able to express anger appropriately
My energy level is good
I rarely experience sugar cravings
l am rarely critical of others
I love myself unconditionally
I have lots of initiative at work
My mind rarely races
I accept all my emotions
I rarely feel helpless

Relationships I have a positive primary relationship (spouse, partner, close friend) __I tell my family and friends that I love and appreciate them __I have friends I can call for support when I need them __I spend quality time with friends and family I am willing to face old wounds and forgive people __I am comfortable spending time alone *Spiritual Health/Sense of Purpose* I feel connected to a Source greater than myself __I have a regular spiritual practice such as meditation or prayer __I have friends with whom I can discuss my spiritual beliefs I know my purpose in life *Career* I feel fulfilled in the career or job I have now I have some unique skills and abilities __I know what I want to do when I grow up __I have opportunities to express my creativity in my career My current job pays me what I'm worth *Financial Prosperity* _I feel prosperous I live within my means My credit cards are paid off __I spend and save money wisely I pay my bills on time My tax filings are up-to-date

__I charge what I feel like I'm worth for my services

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Assertiveness/Boundaries
I feel comfortable saying no to things I don't want to doI easily express my needs and ask for supportI am comfortable in new social situationsI can discuss criticism of my behavior without getting defensiveI am able to confront someone I feel is taking advantage of meI easily compliment myself and othersI have a healthy outlook on getting rest and downtime
Write down your dreams and goals. How do you envision your ideal life? What help do you need to achieve what you want? What has been limiting you? What negative messages were you given growing up about living the kind of life you want?
Write down any negative messages and/pr programming you can remember receiving as a child around money, health, sexuality, rest, prosperity, relationships, boundaries. These messages do not just come from our family of origin. We are embedded with subliminal messages from our school system, religions, government and media. The more we uncover those programs during our sessions together, the faster you can create the life you want.
I use your birth info (including the date, location & exact time) to discern a lot about your chakras and energy field. This information about your "energy blueprint" helps me greatly, but I understand you may not know your time of birth. Please provide me with all the info you have about your birth and it's totally fine if you don't know.

Are there any specific intuitive skills you are working on developing? Stronger connection to your guides _____ Clairvoyant abilities_____ Healer's wound issues around being powerful or being Name other intuitive skills you would like to develop___ Waiver for Coaching and Distance Healing Client is responsible for creating and implementing his/her own physical, mental, and emotional well-being, decisions, choices, actions and results. As such, the client agrees that the Coach is not and will not be liable for any action or inaction, or for any direct and indirect result of any services provided by the Coach. Client understands that coaching is not therapy and does not substitute for therapy, if needed, and does not prevent, cure or treat any mental disorder or medical disease. Client understands that coaching is not to be used as a substitute for professional advice by legal, mental or other qualified professionals and will seek independent professional guidance for such matters. If Client is currently under the care of a mental health professional, Coach will recommend that Client inform the mental health care provider. Client agrees to communicate honestly, be open to feedback and assistance, and create the time and energy to participate fully in the program. Client agrees to pay payable in advance. This coaching fee is available at a special introductory rate and is non-refundable. Following the conclusion of the four-month coaching package, Client may choose to continue with a coaching subscription of ____ monthly.

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By signing this agreement on, I,,
the above-mentioned client, hereby acknowledge that I agree and understand all
the terms and conditions of this agreement.