



FOLLOW UP FORM

Name:	Email:
Date:	Phone:

*PLEASE ANSWER THE FOLLOWING QUESTIONS HONESTLY AND TO THE BEST OF YOUR ABILITY.

What are your overall goals for this session (What would you like to invite into your life)?

What changes have you observed since your last session?

How many hours of sleep do you get per night and is it restful?

Please rate the following on a scale of 1 – 10 (1 = poor, 10 = excellent)	
Quality of Sleep:	Joy in life:
Energy Level:	Stress Level:

Please outline the nature of any stress that you may have in your life:



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Please circle any of the following feelings you may have experienced in the last few months:

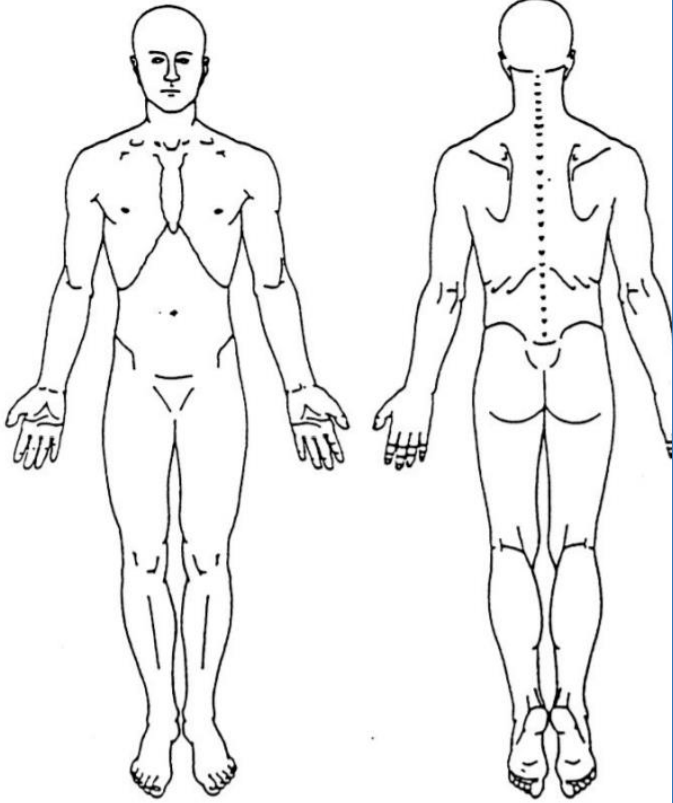
Happy	Overwhelmed	Rejected	Impatient
Joyful	Muddled	Distress	Nervous
Connected	Easily irritated	Outraged	Intimidated
Centred	Anxious	Angry	Paralyzed
Inspired	Sad	Annoyed	Criticized
Creative	Grieving	Uncertain	Worried
Nurtured	Hopeless	Intolerant	Abused
Calm	Helpless	Guilt	Depressed
Peaceful	Overworked	Panic	Restless

Please mark the circle that best describes the level of stress for the following listings:

My family stress is:	<input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe
My relationship stress is:	<input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe
My work stress is:	<input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe
My financial stress is:	<input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe
My health stress is:	<input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe
Other stress is:	<input type="radio"/> None <input type="radio"/> Minimal <input type="radio"/> Moderate <input type="radio"/> Severe



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<p>Please list areas of pain and mark the circle which best describe the level of discomfort on a scale of 1 to 10:</p>	<p>1 - Slight awareness of discomfort. 2-3 - Awareness of discomfort as an aggravation. 4-6 - Pain is strong, but you are still functional 7-9 - Pain is so strong you are unable to function normally 10 - You feel like you need to go to A&E</p>
<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ example: shoulder</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩</p>
<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩</p>
<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩</p>	<p>① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩</p>
<p>If you have any pain in your body, please indicate the location by drawing on the diagram, and give that pain a grade on a scale of 1 - 10. (1 = awareness, 10 = extreme)</p> <p>Sometimes aches in my lower back - tightness in hip flexors brought on from cycling/running/job.</p>	

I have clearly understood the Terms and Conditions and Disclaimer and Liability Waiver.

Signature:

Date: