

Total Balance4U

Name: _____

Phone: _____ Email: _____

1.) How did you find me? _____

2.) How long have you had this issue/pain that has led you to seek my help? _____

3.) What has given you any relief and to what degree? _____

What has prevented you from: (A) Recovering from you pain or discomfort and/or (B) Feeling successful in getting back to the activity level you desire? Please check all that apply:

___ **My UNDERSTANDING:** I don't know why I continue to hurt despite my efforts to rest, exercise and/or readjust my lifestyle.

___ **My INTERVENTIONS:** What has been done up to now has not been successful in helping me regain vitality and vibrant health.

___ **My Vision:** The discomfort I have interferes with my motivation to get back to a healthy lifestyle

4.) How do you imagine your life would be if you had more ease physically, mentally, emotionally?

5.) What have you done to try and resolve this issue/pain? _____

6.) What specific change do you want to make in your health, wellbeing, lifestyle? _____

7.) What would it cost you to **NOT** have this issue resolved? _____

8.) How long do you expect it to take to resolve this issue? _____

9.) Are you ready right now to invest in creating more ease in your life? Yes ____ No ____