

## Quantum Yoga Therapy/Health Consult Questionnaire

*\*The more SPECIFIC you are with your answers the more this will help us create for you the most supportive plan/consult. Try to answer each question with 5 sentences max.*

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1. Why did you reach out for support? How can I help support your well being?
2. What would be your ideal outcome from our time together?
3. Describe what it is you believe to be your main (current) life challenge/block/resistance. This could be in one or several different areas of your life.
4. Have you witnessed this challenge repeat itself as if in a pattern? When do you believe it began (perhaps you have a clear and specific memory to share)?
5. Where in your physical body do you believe you hold or store stress?
6. What is your conception of the animating force of this universe/Higher Power/Spirit/Source/God/Science/etc.? If you believe there is no higher creative intelligence at work in the universe, do you wish you did? (Please describe and be specific)
7. Do you believe this force/energy is friendly and has our best interest at heart? In other words, do you believe that all is working out FOR us/our benefit (even the challenging stuff)?
8. What meditation techniques “work” for you?
9. Have you ever experienced anything you’d describe as a spiritual experience or spiritual awakening?
10. If you had to choose one person or circumstance (it could be yourself) that feels as if its causing you any amount of anger (frustration, resentment or irritation) please describe. Have you forgiven this person/situation? Are you willing or able to forgive? Why/why not? Describe the scenario/situation.
11. List ALL physical “ailments” (recurring headaches, joint pain, regular upset stomach/IBS, diabetes, endometriosis, fractured bone, bleeding gums...anything of which you can think).
12. Describe in words what currently brings you visceral joy/something about which you are excited. And lastly, do you believe you are about to blossom into a new phase of your personal expansion/growth/awakening?
13. Generally describe your typical diet. List all supplements, medications and any chemicals you ingest.
14. Smile, so many gifts are on their way to you!

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Please feel free to write about anything else you believe relevant to share with me about how I/this work can support you.

**\*Medicine Bird Quantum Wellness PLLC**

