

Healings from Heaven Questionnaire Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Children's Ages: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Is this your first time here? \_\_\_\_\_

List any major medical conditions/procedures/surgeries/accidents in the last 10 years and include dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any current medications you are taking (include over the counter medication): \_\_\_\_\_

\_\_\_\_\_

If you take medication what are the listed side effects (for each medication)? \_\_\_\_\_

\_\_\_\_\_

List any allergies or sensitivities to drugs, supplements, herbs, foods, pollens, animals or chemicals: \_\_\_\_\_

\_\_\_\_\_

Are you currently being treated by any other health practitioner (if so who)? \_\_\_\_\_

\_\_\_\_\_

Why are you here today? \_\_\_\_\_

\_\_\_\_\_

What type of pain are you experiencing (check all that apply): Physical Emotional

Spiritual Mental Financial Relationship Ancestral Other: \_\_\_\_\_

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Describe your symptoms and frequency of your pain: \_\_\_\_\_

\_\_\_\_\_

When did your pain first start and do you notice any patterns with it: \_\_\_\_\_

\_\_\_\_\_

Describe how you feel about these issues (G=Great, O=Okay, P=Problem, N/A=Doesn't Apply):

Spouse/Significant Other: \_\_\_\_\_ Children: \_\_\_\_\_ Work: \_\_\_\_\_ Sex Life: \_\_\_\_\_ Finances: \_\_\_\_\_

Describe how you feel about your life in general: \_\_\_\_\_

\_\_\_\_\_

Do you believe in a Higher Power (God or a Divine Creator)? \_\_\_\_\_

Do you believe in miracles or the possibility of miracles? \_\_\_\_\_

Who do you need to forgive (list all names including yourself if that applies)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anyone who needs to forgive you (list all names that apply)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you could change one thing about your current life situation what would it be? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What lifestyle/dietary/spiritual changes do you think you need to make you feel better?

\_\_\_\_\_

What percent (%) of your body's healing power do you feel you are using now? \_\_\_\_\_

What percent of your energy goes into: Family \_\_\_\_\_ Work \_\_\_\_\_ Fun \_\_\_\_\_ Yourself \_\_\_\_\_

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What do you do now to reduce stress in your life? \_\_\_\_\_

\_\_\_\_\_

How will you be different when you re-receive your health? \_\_\_\_\_

\_\_\_\_\_

Is there anything else I should know before we start? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_