

# Telephone Consultation Worksheet

Name:

Phone number:

Email address:

Address of home or office:

How long have you lived/worked here?

What changed right after you moved here?

Has anyone died in this home or office that you are aware of? If so, who?

Does anyone within the home suffer from chronic illness? If so, did the illness originate while living in this home? What is the illness?

Rate your love life: 1 2 3 4 5 (5 being the best) Expand on this if necessary.

Rate your career situation: 1 2 3 4 5 (5 being the best) Expand on this if necessary.

Rate your feeling of abundance in life: 1 2 3 4 5 (5 being the best) Expand on this if necessary.

List the top three things you want to change in your life, in order of importance if possible:

1.

2.

3.

Who would I be, what would I do, and how would I feel if I ALREADY had the above 3 things? \_\_\_\_\_\_\_\_

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Please list anything else you feel is pertinent to this consultation: