

# 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 \_\_\_\_