

(Self/Ser)

Embodied Relational Healing Questionnaire

Thank you for taking the time to provide me with some information!

** indicates a required field*

* Preferred name:

Pronouns:

* Date of Birth:

Do you know anything about your astrology/birth chart?

*Where do your people come from?

* Phone number and Email Address:

* Home/Mailing Address:

* How did you hear about me?

* Are you under the care of a physician or mental health provider? If so, please tell me more about any medications and/or the care that you are receiving.

* What are you hoping to gain from Embodied Relational Healing sessions?

* What is your highest vision for your relationships (with self, ancestors, others)?

* What do you think gets in the way of realizing your highest vision for your relationships?

* Do you have any spiritual or somatic practices that you engage with regularly?

* Do you have any experience using plant medicine? If so, please share what plant allies you are in relationship with.

Is there anything else you would like to share?