FACILITANT INTAKE FORM

Strictly Confidential

Facilitant	
Name	
Date	
Date of Birth	
Phone	
Email	

Relationship Status	
Number and age of Children	
Employment/School	

Medical History	
Current illness	
Current prescription medications	
Present or past diagnosis of mental illness	

Birth Experience	☐ C-section	☐ natural	☐ Breech
Stress Levels	☐ Low	☐ Medium	☐ High
Daily Intake:	☐ *Alcohol:*	☐ *Cigarettes:*	☐ *Other:*

Family History List any illnesses/addictions/cancers within your family and if deceased, year of passing	
Mother	
Father	
Siblings	

Trauma List any emotional or physical traumatic events that occurred in your life and when they happened

Healing journey *Present and/or past psychospiritual work*

Present Issue of greatest concern

Expectations What expectations do you have for this healing work - immediate and longer term

EDENITY

Rated Questions

10 very happy, 5 Okay, 1 not satisfied in this area.

How do you feel about your Work situation? Or School?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

How do you rate your current relationship?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

How do you rate your emotional health?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

How do you feel about yourself?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

How do you rate your physical health?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Other

Anything else you wish to mention?

What have you always wished somebody would ask you?

I have signed up for:	☐ Individual Session	☐ Seminar/ Class/Course
Name of Seminar/Class/Course:		

Thank you for answering those very personal questions. Your honest answers will help us to serve you as best as we can on your journey as our approach to transmutation looks at you as a unique complex being of body, mind and spirit.

Please send this form to admin@edenity.org