

This questionnaire will serve as an opportunity for the workshop facilitator(s) to get to know you better and to help make your time with us as effective and meaningful as it can possibly be. Please read the following questions carefully and answer them thoughtfully. Please feel free to answer as honestly as possible; your responses are kept **strictly confidential!** (It's up to you if you want to share your responses with your partner).

Name:

Address:

Cell phone:

Email:

General Individual Information:

Age:

Occupation and how long with present employer:

Education completed:

Marital Status and how long married, divorced or separated:

Significant issues with previous partners:

Number and ages of children:

Significant issues with your relationships with children:

On a level of 1 (low) to 5 (high) rate your level of personal satisfaction with:

Primary Relationship_____ Career_____ Income_____ Overall Health_____ Level of

Fitness_____ Eating Habits_____ Mental/Emotional State_____ Peer Support System_____

Spiritual Practice_____ Other _____ (specify: _____)

What is your general mental state? (Happy, depressed, restless, other) _____

What is the most dominant emotion you feel? (Anger, fear, love, other) _____

Do you know why? _____

Can you control your emotions and behavior _____

Are there situations where you feel out of control? _____ Explain _____

Are you prone to violence? _____ Explain _____

Have you been institutionalized for any reason? _____ Explain _____

Are there certain areas of your body that are always uncomfortable or painful? _____

What do you do to ease this? _____

Do you smoke? _____ Use alcohol _____ Non-prescription drugs _____

Prescription drugs _____

Eating disorders _____ Explain _____

Have you has psychological/psychiatric care? _____ When and issues dealt with _____

If presently, are you willing to give permission for facilitator to discuss your case with your therapist as support in your process, if relevant? _____ Therapist name & phone _____

Past religious background _____ Present _____

Have you attended any self-awareness workshops or programs? (Forum, Psi, Tony Robbins, 12 Steps, etc.)

Have you attended any spiritual awakening programs? _____ How many times? _____
What was your experience? _____

List your biggest fears _____

Is there anything you would like to know about yourself? _____

What are your expectations or desires from the Conscious Connecting process? _____

What would you like to create or change in your life? _____

Your Relationship Assessment:

- 1) Excluding what your partner does or doesn't do, what do you believe has been your primary obstacle to being in a happy, long-term, life-long relationship?**

- 2) What are the top obstacles to intimacy and love that you've experienced from your current partner?**

- 3) What quality or way of being do you see would have made a difference to your past relationships, such that if *you had brought it to your past relationships*, then the entire relationship(s) may have thrived?**

- 4) What are your ultimate intention(s) for this Conscious Connecting process?**

- 5) Anything else you want to let your facilitator know confidentially about your current relationship from your perspective, including about any painful experiences?**

MALE/FEMALE Regrets and Resentments Completion Analysis

On a scale of 1 – 10 (0 is no love; 10 is completely blame-free, unconditional love; 5 would be half of your issues in the relationship forgiven and resolved), please rate the level of unconditional love you have for :

1. Your mother: _____

My chief complaint about my mother is: _____

_____.

2. Your father: _____

My chief complaint about my father is: _____

_____.

3. Your self : _____

My worst thought about myself is:

_____.

My main fear of giving up this thought is: _____

_____.

Complete these 2 thoughts:

1) My worst thought about men is: _____.

2) My worst thought about women is : _____.

Agreement

I, the undersigned, understand that the Conscious Connecting process and practices are not a substitute for medical and/or psychological diagnosis and treatment. It is recommended that I see a physician or psychologist for any physical, mental or emotional disorders I may have.

I have stated all known medical, mental and emotional conditions and accept my responsibility to keep Creative Life Solutions, Inc. informed of my status. I have discussed with my facilitator any existing conditions I presently have and release him/her and Creative Life Solutions, Inc. from any and all claims.

I understand the Conscious-Connected Breathing technique presents a potentially powerful tool for regulating the mental, emotional and physical states of my being, should it be recommended for me, and should I choose to participate in it. I understand that results will vary; that there are no expressed or implied guaranteed results of this process, and that this process is not included in the Conscious Connecting process.

Scheduling Policy

Should I need to cancel or reschedule an appointment, I agree to notify my facilitator no later than 24 hours prior to the original appointment. I agree that I am financially responsible for the cost of the session fee for appointments that are missed or rescheduled without the 24-hour notification. In the case of a prepaid series, one session will be deducted for any missed appointment with less than a 24 hour cancellation notice. I also understand that I must complete any series of 4 prepaid sessions within 4 months or unused sessions within that time period will be forfeited.

Finally, I agree to pay \$225 for our session today, unless we decide to purchase a package of 4 sessions at the discounted price of \$800.

Print Name

Date

Signature - Participant

How were you referred to this facilitator? _____

Name you prefer to be called by: _____