



**CONFIDENTIAL CLIENT IN-TAKE FORM**

Quantum Lightweaving™/FOL Intensives, Workshops, Sessions, Events & Ordinations

YOUR NAME: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

AGE AND OCCUPATION: \_\_\_\_\_

CHILDREN AND AGES: \_\_\_\_\_

ON MEDICATIONS AND FOR WHAT?

CURRENT SPIRITUAL/RELIGIOUS FOCUS: \_\_\_\_\_

YOUR CURRENT LEVEL OF STRESS, PAIN, DEPRESSION OR ANXIETY (SCALE OF 1-10): \_\_\_\_\_

HOW MAY WE ASSIST YOU WITH YOUR HEALING AND TRANSFORMATION?

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WHAT IS YOUR HIGHEST SPIRITUAL ASPIRATIONS?

WHAT IS YOUR LIFE PURPOSE AND GOAL?

WHAT IS YOUR GREATEST LIFE CHALLENGE AND FEAR?

LIST BY YOUR AGE ANY TRAUMA, ABUSES, ACCIDENTS AND/OR INJURIES, THAT **HAVE NOT HEALED** AND BEEN BROUGHT TO **CLOSURE** - RELIGIOUS/SPIRITUAL, PHYSICAL, EMOTIONAL, MENTAL, FAMILY, BUSINESS, RELATIONSHIPS, MONEY ISSUES:

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DO YOU TAKE ON OTHER PEOPLE'S ENERGY, PAIN AND/OR PROBLEMS? HOW SENSITIVE ARE YOU? EXPLAIN:

DO YOU PRAY OR MEDITATE OR DO MARTIAL ARTS?

DO YOU WANT TO ATTEND THE NEXT MASTER SERIES INTENSIVE? YES NO MAYBE

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