

FLOWER ESSENCES: CLIENT BACKGROUND INFORMATION

(Please fill out and return to Jane Ellen, Transitional Integration,
1600 Lena Street, #F-2, Santa Fe, NM 87505)

Today's date: _____
Name: _____ Sex (M/F) _____
Address: _____
Phone & Email: _____
Date of birth: _____
Living alone or with significant other: _____
Ages of children, if any: _____
Employment/Profession: _____
Other main activities (hobbies & interests): _____

Have you received flower essences before? How did you find out about them?
Briefly summarize your experiences with the essences.

What are your main reasons for wanting to receive flower essences now?

- ___ To deal with negative and/or painful emotions
- ___ For greater spiritual awareness
- ___ To help in relationship with others
- ___ For physical healing
- ___ For greater clarity about my life work and direction
- ___ To bring about a more positive attitude toward life
- ___ To improve my self-image and feelings about self
- ___ For help with an immediate crisis (*Describe below.*)
- ___ To enhance my creativity and self expression
- ___ For long-term inner growth and change
- ___ To cope with stress and the demands of life
- ___ Other _____

Please comment on the above areas:

Please give a brief description of your general state of health:

Physical: (Note any significant medical history, diet, exercise, energy level, etc.)

Emotional: (Feelings about self or others, on-going issues/patterns or areas of conflict)

Mental: (Outlook on life, beliefs and attitudes)

Spiritual: (Ultimate sense of purpose, moral, or religious values)

How do you feel about your work and other vocational interests?

How do you feel about your work relationships with others, especially major relationships?

Briefly discuss your family background:

What other therapies or significant growth experiences are you now undergoing? Are you taking any medications, or are you on any significant dietary program? (Use additional paper if desired.)

Transitional Integration



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