

Clarity Questionnaire for Healing Momentum Programs

Name _____ Age: _____

Address: _____ Male ___ Female ___

City: _____ State: _____ Country: _____

Postal (Zip) Code: _____

Home phone: () _____ Mobile: () _____

Work: () _____ Other: (e.g., Skype name inf not in US) _____

Best times to reach you: _____ (Circle best way to reach you from above.)

E-mail Address: _____ (*It is never shared.*)

Your Issue

What is the main issue that is threatening your peace now?

When did your issue start?

What else have you tried to resolve your issue? What were the results?

The Healing Codes

Why are you seeking help from The Healing Codes in particular?

What attracts you about The Healing Codes? How did you find out about it, and have you been doing them yet? If so, for how long?

Do you understand and agree with the fact that The Healing Codes do not directly address physical issues, only the underlying “heart issues” (i.e. conscious and unconscious negative images, feelings, beliefs and memories) that, when healed, can free up the body’s own resources to heal itself? yes no, I need more information

Is there anything you don’t understand about The Healing Codes?

Commitment

Do you understand and agree that this kind of healing takes a commitment of time and energy, and that momentum needs to build in order for results to be achieved? yes no

Are you willing to commit to doing your custom Healing Codes for a minimum of 30 minutes/day, plus weekly (Intensive program) or twice-monthly (Healing Momentum program) calls with Diane Eble? yes no not sure

Do you have the financial resources to commit to at least 3 months in the program of your choice, to build that momentum? yes no not sure

Spirituality

Because this program is built upon healing spiritual issues, it’s important that I understand where you are coming from spiritually. I have no personal agenda, but will support you in your own spirituality. That said, it is important that I understand where you are coming from.

Do you believe in God? yes no not sure

How would you describe your concept of God, and your relationship to God?

Your Background

Please complete this sentence: “All my life I have felt . . .”

Please briefly name the top 3 traumas of your life (keeping in mind that Childhood Emotional Neglect—the absence of the nurturing you needed—is a form of trauma).

Is there anything else you would like me to know about you or your situation?

Please return this to Diane Eble, diane@healingcodescoaching.com.