

contact@pheonixhealing.com

Questionnaire

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| --- | --- |
| First Name |  |
| Last Name |  |
| Left handed or right handed? |  |
| What condition would you like to discuss? |  |
| When had you been diagnosed/ had the first symptoms? (please be specific about the age, including the months, i.e 36 years and 5 months I was diagnosed with infertility. |  |
| Have you had any lost pregnancies? How many? |  |
| What age did you become independent from your parents? (from shelter, food and money) |  |

Please tell me a bit more about yourself, including any shocks, traumas, childhood, physical and mental conditions, diseases, cronic conditions. Please be as specific as possible in terms of your age. Please feel free to add more lines, if required.

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| Age  *i.e 36 year and 5 months* | Description  *i.e diagnosed with infertility* | Emotion  *i.e dissapointment, guilt, rage* |
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What do you know about your mother’s life and emotions when she was pregnant with you? How was the labour?

What about 9 months before your conception?

And your first year of life?

What information do you have about your parents/ grandparents/ great-grandparents? Information can include secrets, diseases, conditions, war, famish, etc.