



Cohesive Therapy Healing and Rejuvenation Center
A Healing Oasis
Where Healing Begins and Pain Ends.
Your Personal Healing Lifestyle Evaluation

For clients view only.

What are your spiritual beliefs

Do you feel safe in your heart and soul when you feel the nearness of death?

Do you wake up excited or anxious about life?

Are you happy in your career, personal relationships with friends with family members?

What is your philosophy for life? Does this support a healthy mental attitude that helps you move forward and improve?

Does your spirit align with your belief are you what you say you are?

Are you happy why or why not

What can you do right now to change your situation? Make a phone call, start a walk, create a dream journal.

This is your life, you are what you make of it.

What are your health and lifestyle goals?

What don't you like about your lifestyle?

What is self care ?

On a scale of 1-10 are you living your life's purpose?

If not why?

ANYTHING YOU WANT TO change?

HOW CAN YOU CHANGE?

Where can we start?

How Can Cohesive Therapy Help?

Patient Name: _____ Date:

Time:

Complete with LMT _____

WHAT IS MY NEW INTENTION FOR MY LIFE AND WILL MOVE ME FORWARD?

Thank you for taking time for yourself today,

May Peace come as self care is realized as I promise to myself

I will be kinder, nicer and better than I have before to myself and others.