



**In Lighten Wellness  
Discovery QUEST-ionnaire**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**email** \_\_\_\_\_

**What is your main issue or concern?** \_\_\_\_\_

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**When did this issue or concern first show up in your life?** \_\_\_\_\_

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**How much energy are you expending on the issue or concern every day? *How is it effecting your life?*** \_\_\_\_\_

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**How is the issue or concern effecting those around you?** \_\_\_\_\_

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**How is the issue or concern effecting Family Members?** \_\_\_\_\_

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**How is the issue or concern effecting your ability to function at your job?** \_\_\_\_\_

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**What do you think needs to change in order for you to feel totally well?** \_\_\_\_\_

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**If this issue or concern is something you would like to see *changed or achieved*, How would your life be different, if it were *changed or achieved*?**

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**Are you familiar with or have you experienced alternative healing methods? If so, what kinds?** \_\_\_\_\_

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**What was your experience if any, using alternative healing techniques?** \_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions using a scale from 1 to 10, 1 being not at all, 10 being quite a bit.**

**How willing are you to open your mind to new ways of healing?** \_\_\_\_\_

**How willing are you to discovering what needs to be healed or corrected to eliminate this issue or concern from your life?** \_\_\_\_\_

**How willing are you to seeing your life differently?** \_\_\_\_\_

**How willing and ready are you to having Total Mind – Body Well being?** \_\_\_\_\_

**Ask yourself,**

**Am I willing to see the bigger picture?** \_\_\_\_\_

**Imagine my life differently?** \_\_\_\_\_

**Welcome Total Wellness into my life?** \_\_\_\_\_

**Open to new possibilities, new ways of thinking, seeing, feeling about my life?** \_\_\_\_\_

**Am I willing to look deeply into my past, work hard to clean it up?** \_\_\_\_\_

**Am I willing to open up so that I can heal whatever is keeping me stuck or blocked from seeing my higher calling, My Total Well Being?** \_\_\_\_\_

**Please e-mail this form to me at [inlighten@comcast.net](mailto:inlighten@comcast.net)**

**Once I have received the form back from you I will email you to schedule a short phone conversation, this call will be approximately 10 min. This will be my opportunity to ask you any further questions so that I may know best how to be of service to you. If you have any additional questions please have them ready so that we can make the most of our time together.**

**If appropriate we will set the time for your Initial Client Wellness Session at this time.**

**I look forward to assisting you on your wellness journey.**

**Lorayne Ham**