

PAIN FREE ASSESSMENT FORM

Please answer all questions to the best of your knowledge and send back to me via greg@gregjoseph.com 24 hrs prior to our first call.

Name_____

Address_____

Phone_____

Website_____

Describe your physical body /pain/ as it is right now?

What are you currently doing to reduce or eliminate that pain right now?

If you could wave a magic wand and change 3 things in your life over the next 6 months what would you change? (What are your biggest frustrations/challenges)

What were your 3 biggest accomplishments in the last 2 years?

What is your long term vision for your life?

How BIG are you willing to Play?

What MOTIVATES you???

Who or what is your biggest obstacle in reaching your current goal?

What could be blocking you from reaching a blissful pain free existence?

What new or expanded lifestyle change would you consider to make your life pain free?

How do you learn Best? When you were in school, did you enjoy:

- graphs, images, pictures and visual aids to help you learn- visual learner
- lectures, hearing the teacher talk, sound- auditory learner
- hands-on learning, building/ creating things with your hands, feeling- kinesthetic learner

Are you currently working with a coach or consultant? If so, what are they helping you with specifically?

What results are you getting?

Do you have a clear step by step road map to a pain free life? **Y N**

Do you have a blueprint to get you to your life goals? **Y N**

Do you have a system for getting pain free? **Y N**

Have you tried other products/services to resolve your issue? **Y N**

Have you tried other programs/ packages? **Y N**

Have you ever worked with a personal spiritual Mentor? **Y N**

Are you open to the possibility that you could heal yourself? **Y N**

Which type of programs do you most enjoy? (number in order of priority)

- ____ Group Healing Sessions
- ____ Healing Foundation Transformational System (recorded)
- ____ Personal Mentor 1 on 1 private sessions