



# Bright Future Abundance Coaching

## Consultation Questionnaire

Date: \_\_\_\_\_

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

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (month / day / year)

**Sex:**  Male  Female

**Occupation:** \_\_\_\_\_

Relationship Status:	Status	How long?
<input type="checkbox"/>	Married	_____
<input type="checkbox"/>	Single	_____
<input type="checkbox"/>	Divorced	_____
<input type="checkbox"/>	In a relationship	_____
<input type="checkbox"/>	Other: _____	_____

Any health problems, concerns, annoyances or symptoms you experience on a regular basis?

\_\_\_\_\_

Addictions / Habits / Cravings? Please describe:

\_\_\_\_\_

Are you familiar with EFT?  Yes  No

List the top 4 areas of your life you are A) Unhappy with, then B) Explain how you would like them to be, and C) List any ideas about what holds you back from achieving your desired outcome.

**1. A. Unhappy With:**

**1. B. How you wish this could be different:**

**1. C. Why you believe you can't achieve B:**

**2. A. Unhappy With:**

**2. B. How you wish this could be different:**

**2. C. Why you believe you can't achieve B:**

**3. A. Unhappy With:**

**3. B. How you wish this could be different:**

**3. C. Why you believe you can't achieve B:**

**4. A. Unhappy With:**

**4. B. How you wish this could be different:**

**4. C. Why you believe you can't achieve B:**

Are there more?  Yes  No