Holistic Health For All LLC.
673 Dixon Rd., Boulder, CO 80302
deepika@holistictherapiesinc.com
303-459-7711
skype: deepikaavanti

Holistic Health Intake Test

Name: _____

Address: _____

eMail: _____

Phone: _____

Skype: _____

Birth date _____ **Birth City, State, Country** _____

In order to track your progress, please rate the following sections on a monthly basis.
Use a rating scale of 1 - 10, with a value of **1 = Poor** and **10 = Ideal**

CATEGORY **RATING EACH MONTH**

	MONTH											
SymptomS	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1.												
2.												
3.												
4.												
5.												
6.												

List and rate your desired health spiritually, mentally, emotionally, physically, with realtionships and economically.

Desired Outcome	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1.												
2.												
3.												
4.												
5.												
6.												
Commitment level to your desired health?												

If your commitment to your desired health is not a 10, please explain. Are you willing to change this?

_____

Spiritual	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
How open are you to receiving guidance, dreams?												
How well do you follow guidance, dreams?												
How connected do you feel with God, by any name?												
Degree of oneness you feel with God, by any name?												
Willingnes to daily visualize desired health?												
Willingness to do daily guided meditation?												

Please refer to the video **Find God, Embracing the Miraculous** at:
http://www.holistictherapiesinc.com/holistic-health-videos/#.T827yr_5tRA

Mental	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
How successful do you feel about your life?												
How positive are your daily thoughts?												
How much do you worry?												

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Emotional	MONTH											
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
How safe do you feel?												
How wanted do you feel?												
How much do you want to be on earth?												
How loved do you feel?												
How nurtured do you feel?												
How much do you trust yourself?												
How much do you trust others?												
How much do you approve of yourself?												
How supported do you feel?												
How in control of your life do you feel?												
How unconditionally loved do you feel?												
How unconditionally loving are you?												
How comfortable are you to express emotions?												
Do you feel you are listened to?												
How well are you able to listen to others?												
Willingness to do 15" daily counseling video homework?												

Please refer to the 20 **Counseling** Training videos at:
http://www.holistictherapiesinc.com/holistic-health-videos/#.T827yr_5tRA

Physical	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
How physically healthy are you?												
How is your energy level?												
How good is your diet?												
Commitment level to your desired diet?												
How satisfied are you with your daily exercise?												
Commitment level to your daily exercise?												
How satisfied are you with your weight?												
Commitment level to your desired weight?												
What is your level of pain?												
Commitment level to reduce your pain?												
How depressed are you?												
How well do you sleep?												
How is your memory?												
How is your eye sight?												
How is your hearing?												
How is your breathing?												
How is your digestion?												
What Holistic Health rating do you feel you are?												

To determine your Holistic Health rating, go to:
http://www.holistictherapiesinc.com/disease-and-health/ten-phases-of-toxicity/

Relationship	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
How satisified are you with your relationships?												
Commitment level to creating desired relationships?												
How satisified are you with your support systems?												
Commitment level to create desired support systems?												
Awareness recognizing +/- aspects of yourself in others?												

Financial	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
How financially prosperous do you feel?												
How prosperous do you generally feel in your life?												

Please refer to the **Financial Prosperity** videos at:
http://www.holistictherapiesinc.com/holistic-health-videos/#.T827yr_5tRA

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	MONTH											
Total Ratings by Month:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Symptom Ratings:	0	0	0	0	0	0	0	0	0	0	0	0
Spiritual Ratings:	0	0	0	0	0	0	0	0	0	0	0	0
Mental Ratings:	0	0	0	0	0	0	0	0	0	0	0	0
Emotional Ratings:	0	0	0	0	0	0	0	0	0	0	0	0
Physical Ratings:	0	0	0	0	0	0	0	0	0	0	0	0
Relational Ratings:	0	0	0	0	0	0	0	0	0	0	0	0
Economical Ratings:	0	0	0	0	0	0	0	0	0	0	0	0
Total Ratings by Month:	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Rating Scores:
504 -560: **Congratulations!!**
448-504: **Very Good**, keep growing.
336-448: **Good,** focus on optimal health.
280-336: **Needs Improvement**, commit to Optimal Health now.
Under 280: **Time to make your health your #1 priority.**

	RATINGS											
Your Holistic Ratings from Us	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Holistic Health Phase												
Heavy Metals												
Bacteria												
Virus												
Parasites												
Fungus												
Allergies in general												
Milk												
Soy												
Wheat												
Gluten												

After the second TimeWaver session you will receive a historical graph tracking all your organs and body systems. Please download the journal page to keep a short journal to increase your awareness of what changes you experience as you receive homeopathy.
Homeopathy is very subtle. You may think that you are not gaining any benefits and a month later totally forget that you ever had any symptoms! Homeopathy is deeply correcting you on 6 levels.

Please help us to improve our services by commenting below.

What you like:

Suggestions for improvement:

Holistic Health Mission
Spiritually: Experience that in essence you are God, Infinite Love.
Mentally: Think positive and feel successful.
Emotionally: Feel unconditionally loved and loving, grateful
Physically: Live energized to fulfill your life's mission
With Relationships: Experience oneness with your God Self, humanity and all existence.
Financially: Feel prosperous in all ways and spread kindness.