

Tap The Good Intake Questionnaire
www.tapthegood.com tapthegood@gmail.com

1. What problems are you currently experiencing and how long have you experienced these problems? _____

2. Have you received any help with these problems, and if you did, what type of help was it and for how long? _____

3. Did the above healing sessions help you? If yes, how? _____

4. Are you on any stress-related medication? If yes, for how long? _____

5. What do you think is holding you back from achieving your desires? _____

6. What relationship(s) do you have with your family—parents (even if they’ve passed), kids if you have any, and siblings? _____

7. What goals do you want to achieve from our healing sessions? _____
