

MODE of Cosmic Therapy Client Information Form:

What is your full name as it appears on your Birth Certificate? _____

What is your birthdate? _____

Time (if known) Place _____

What is your favorite color? _____

What is your favorite sad song? _____

What is your favorite movie? _____

Write the first three words that come to your mind for no reason

Of the three subjects, sex, death and/or money which ONE do you worry about the most? _____

Are you married, divorced, single or separated {in other words, are you currently with a partner} _____

What is your dream job? _____

Are you thoroughly involved in your life: Meaning; would you rate your current circumstances as happy, so-so, or "it sucks"? _____

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Would you define yourself as a guilt-ridden, remorseful, angry, bitter, or resentful person? If so, why? _____

Are you afraid to die? _____

Do you feel there is an area of your life that is lacking? What, When, Where, How and Why? _____

Give me 5 numbers off the top of your head _____

Provide an authentic e-mail address _____

What are three best times to set an appointment with you? _____
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Before booking a MODE of Cosmic Therapy session with me, you will have to provide a telephone number.
Is that agreeable with you?_____