

# SANCTUS HEALING

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## CLIENT RESPONSE FORM version 8/23/2019

Friends, it is helpful to get your feedback about how this healing work affects you. Your response guides us in our efforts to support your conscious evolution and optimal health. It is beneficial for all of us to know if positive change is happening. Please complete this form by checking the box which best describes your experience and return to [sanctushealingproject@gmail.com](mailto:sanctushealingproject@gmail.com). Thank you for your cooperation.

HEALING SESSION DATE \_\_\_\_\_ COMPLETION DATE OF RESPONSE FORM \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

RESPONSE ITEM	Strongly Agree	Agree	No Response	Disagree	Strongly Disagree
After the healing session I experienced an increased sense of relaxation, inner harmony or wellbeing					
After the healing session I observed an improvement of symptoms or wound healing					
After the healing session I experienced a reduction of physical pain					
After the healing session I observed an improved acceptance of my physical pain or other health condition					
After the healing session I noticed a reduction of my emotional distress, aggravation or resentment about my health problem					
After the healing session I experienced an increase of my symptoms for 24 hours and then felt an overall improvement of my health condition					
After the healing session I experienced changes in my typical flow of thoughts, memories, feelings and even dreams about my health problem(s)					
During and or after the healing session I experienced new insights, intuitions and understandings about my health condition					
During and or after the healing session I experienced a deeper connection to my higher self					
After the healing session I made changes in my behavior and choices which contribute to better overall health or better management of my health					
After the healing session I noticed that my sense of personal identity was less anchored to or less entangled with my illness					

