



## Looking Glass Reflections

*Embrace your shadow. Live in your light.*

### Spiritual Healing Questionnaire

Welcome to the Looking Glass Reflections spiritual healing program. I'm so pleased that you're interested in working with me. I will do my best to support you throughout your journey, to help you gain clarity, and to implement the tools that are right for your path. I will hold space for your healing transformation.

To help me better understand where you're coming from and what you'd like to achieve, please set aside 20 minutes to complete this questionnaire in your natural handwriting. Write comfortably, take your time, and use the type of pen you normally prefer. You can then scan or take a picture of each page and email them directly to [shine@jennifersglass.com](mailto:shine@jennifersglass.com).

Agreement to consent and release:

By completing this questionnaire and engaging in coaching, distance (no-touch) Reiki, shamanic healing, and EFT/tapping, you agree that you are at least 18 years of age and that they are not medical, health, or psychiatric advice and are not a substitute for medical, health, or psychiatric advice. I cannot and do not guarantee any particular results. You apply principles and changes as you deem appropriate. Always seek assistance from an appropriate medical, health, or psychiatric professional as needed. By submitting the information, you release the coach of any liability based upon the findings or recommendations. You also agree to abide by the payment terms.

You agree to abide by the payment terms. There is a \$10 fee for appointments cancelled without 24 hours' notice. Payment is due in full before each session. There are no refunds.

Name (printed):

Name (signed):

Date:

Email address:

Phone:

Ok to text?



1. What drew you to spiritual healing? How do you hope it will help you?

2. What would you like to focus on in our session(s)?

3. What is going on in your body? Are you experiencing discomfort?

4. Have you worked with a healer before? If so, what was your experience?



5. How are things in the following areas of your life?

How well things  
are going

What matters most

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Career Goals

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Spiritual Pursuits

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Emotional Health

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Relationships & Love



6. How much time can you focus on spiritual healing in your day-to-day life?

7. What support structures are in place for you?

8. Anything else you'd like to share?

Please scan or take a picture of your completed questionnaire and email it to: [shine@jennifersglass.com](mailto:shine@jennifersglass.com)