

CLIENT QUESTIONNAIRE

Client Name: _____

Date: _____

How often have you personally worked with a Holistic Practitioner?

Never Only once or twice Occasionally Frequently All the time

Has your pet ever had experience with holistic medicine?

Never Only once or twice Occasionally Frequently All the time

If you have never had experience with Holistic medicine and practitioners, are you interested in learning more about the possibility of holistic medicine? _____

Please indicate your perception of the effectiveness each of the modalities listed by circling the appropriate number:

(5 = consistently effective, 4 = usually effective, 3 = mostly effective, 2 = occasionally effective, 1 = not effective, 0 = no experience with this modality)

Acupuncture:	5	4	3	2	1	0
Applied Kinesiology:	5	4	3	2	1	0
Aromatherapy:	5	4	3	2	1	0
Body work/Massage:	5	4	3	2	1	0
Chiropractic:	5	4	3	2	1	0
Cranial Sacral Manipulation:	5	4	3	2	1	0
Energy Medicine:	5	4	3	2	1	0
Flower Essences:	5	4	3	2	1	0
Herbs:	5	4	3	2	1	0
Homeopathy:	5	4	3	2	1	0
Hydrotherapy:	5	4	3	2	1	0
Muscle Testing:	5	4	3	2	1	0
Orthopedic Manipulation:	5	4	3	2	1	0
Physical Therapy:	5	4	3	2	1	0
Supplements:	5	4	3	2	1	0
Traditional Chinese Medicine:	5	4	3	2	1	0

Are there any modalities that you are particularly interested in using with your pet? _____

Please describe any concerns you may have about the various holistic modalities: _____

Please describe your views and any experiences you may have had with energy medicine, (e.g., Reiki, Healing Touch, Theta Healing, etc.): _____

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Please describe your views and any experiences you may have had with animal communication and / or psychics: _____

Please describe your views on the role nutrition plays in health and healing, (e.g., it is vital for the body to properly heal, it does not play a prominent role in healing, etc.): _____

What are your desired expectations for your pet's condition/health (e.g., cure, better quality of life, increased longevity, fewer medications, etc.) _____

Are you interested in symptom relief or true healing? What are you willing to do to assist in your pet's healing? Please check all that apply:

- Become empowered through education to make informed decisions regarding my pet's health care.
- Communicate openly and honestly with Dr. Hebbler and discuss **any** difficulties or concerns
- Carefully follow directions on all supplements and administer as prescribed.
- Administer all supplements, meals, and treats with love and confidence.

Do you have a spiritual belief system? YES NO If applicable, what religion? _____

Do you believe you share an energetic connecting with your pet? _____

Dr. Hebbler supports healing on all levels including in universal consciousness/prayer and involving energetic work. Would you allow Dr.Hebbler to serve in these areas for your furry companion and/or the whole family? _____

Is there any other information that might be helpful? _____
