**Northern Star College**

**Flower Essences - Client Background Sheet**

**Name:** Click or tap here to enter text. **Date:**Click or tap here to enter text.

Reasons or goals for using flower essences:

Click or tap here to enter text.

Family Background:

Click or tap here to enter text.

What main issue in your life that is causing distress would

you like resolved?

Click or tap here to enter text.

Is this a new issue or repetitive? If it is repetitive, do you

remember when it first started?

Under what circumstances does it flare?

Click or tap here to enter text.

Physical-General level of health:

Click or tap here to enter text.

Stressors (Moving, financial, divorce, illnesses, chaotic

home environment, addictions etc.):

Click or tap here to enter text.

Do you generally sleep well?

Click or tap here to enter text.

Emotional (what is your general state, up/down, cheery,

depressed, stable, etc.).

Is this the same emotional temperament you possessed as a

child?

Click or tap here to enter text.

Marital Status and Family or Household Composition:

Click or tap here to enter text.

Relationships with others:

Click or tap here to enter text.

Relationship within self:

Areas of Conflict

Click or tap here to enter text.

Strengths

Click or tap here to enter text.

What would you like to change most in your life?

Click or tap here to enter text.

What if anything has stopped you from making that change

in the past?

Click or tap here to enter text.

What inner tool or quality would be most helpful to you?

Click or tap here to enter text.

Are you willing to make changes and apply effort to support

your goals?

Click or tap here to enter text.