

Northern Star College
Flower Essences - Client Background Sheet

Name:

Date:

Reasons or goals for using flower essences:

Family Background:

What main issue in your life that is causing distress would you like resolved?

Is this a new issue or repetitive? If it is repetitive, do you remember when it first started?

Under what circumstances does it flare?

Physical-General level of health:

Stressors (Moving, financial, divorce, illnesses, chaotic home environment, addictions etc.):

Do you generally sleep well?

Emotional (what is your general state, up/down, cheery, depressed, stable, etc.).

Is this the same emotional temperament you possessed as a child?

Marital Status and Family or Household Composition:

Relationships with others:

Relationship within self:
Areas of Conflict

Strengths

What would you like to change most in your life?

What if anything has stopped you from making that change in the past?

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

Are you willing to make changes and apply effort to support your goals?