

Logical Soul™ Sessions

FOLLOW-UP QUESTIONNAIRE

Please answer a few questions below to help your practitioner measure your progress. **All information you give us is strictly confidential.**

NAME: _____ Birth Date: _____
CONTACT PHONE #'S: w) _____ h) _____
EMAIL ADDRESS: _____

How long has it been since your last LS session? _____

What were the most noticeable changes you observed since your last session?

1. _____
2. _____
3. _____

How would you rate your improvement and/or change since last session?

- _____ Phenomenal! My life has completely turned around and everything magically works!
_____ Really Good. The areas of my life I was most concerned with have improved markedly.
_____ Better. There have been positive changes, but other concerns have also popped up.
_____ No Change. Maybe some improvement, but the same worries continue.
_____ Worse. You really stirred something up last time!

What area would you MOST like to work on today?

Relationships___ Money___ Health___ Work___ Other_____

Pls explain: _____

How long has this problem or issue been with you? _____

What result do you expect to walk away with after this session?

Disclaimer. I am fully aware of the purported benefits and limitations of the Logical Soul™ and agree to participate in a session or course strictly as part of my own program for self-help and self-improvement. I agree to hold Michael Craig, Logical Soul LLC, and their practitioners, vendors and associates harmless in the event of any breakdown or discomfort. I further agree and understand that **emotional and psychological changes may occur during the Logical Soul™ session or course, and that occasional temporary emotional upset or confusion may be part of a normal healing process.** I affirm that I am *not* currently under the supervision of a mental health care practitioner, *or* that I have written permission from this practitioner to engage in this session or course. I have been informed and directed to consult with my doctor, physician, health care practitioner should I have ANY disability or condition that precludes me from deriving full benefit from said session or course. I understand the name and method of The Logical Soul™ is under International Trademark protection, and that its use with others for gain is prohibited until such time as I have been certified by Logical Soul LLC and Michael Craig.

Signed: _____ **Dated:** _____