**Preparing for the first appointment**

Vajra Healing (Bryan Aston)

Pre-appointment checklist:

1. Write up answers to the questions
2. Send the answers and a recent photo to vajrahealing@hotmail.com
3. Send payment in advance

**Guidelines**

* Write up answers to the questions
	+ Providing these answers in advance will help us to make the most of the session time
	+ Feel free to add free-form comments at the end if it makes sense
* Send the answers and a recent photo to vajrahealing@hotmail.com
	+ Add the **appointment date** in the e-mail subject line
	+ Add a **recent photo** – ideally taken the day of the session, or within the last couple of days
* Send payment in advance
	+ A **PayPal invoice** will be sent (unless other arrangements have been made). Payment options for the invoice include PayPal, a credit card, or a debit card – a PayPal account is not needed
	+ The invoice must be paid **by the start of the appointment time** – otherwise, the session will be cancelled
	+ There is a **24-hour cancellation policy** – the full fee will be charged for sessions cancelled after this time

**Policies**

* All information sent in these mails is confidential – and it will be deleted soon after your work with Bryan is complete
* Bryan is not working with pregnant women, children, or people diagnosed with significant mental health issues as clients at this time
* Keep in mind that Bryan sees this work as a support, rather than a replacement, for care given by physicians, mental health care professionals, or other healing providers. Also, Bryan does not diagnose, make predictions or give advice on decision-making.

**Questions**

1. List your **first name**, **last name**, and **age**.
2. Description of challenges
	1. **Summarize** what you would like to work on in a single sentence
	2. Underline the **areas of your life** in which are you experiencing challenges:
	emotional, mental, physical, spiritual, financial, relational
	(feel free to check more than one)
	3. Briefly **describe your challenges**, and how they manifest in day-to-day life
	4. **How long** have you experienced these challenges? Are there stressful events that happened just before the start of these challenges?
	5. Describe anything else that you think is relevant.
3. Lifestyle and medical history
	1. Have you received significant **diagnoses** from physicians or other health providers? (please describe)
	2. Have you experienced **significant medical events** in the past (like major injuries, surgeries, or seizures)? (please describe)
	3. Have you ever taken, or are you currently taking, **prescribed medications**, medical marijuana, or **recreational drugs**? (please describe)
	4. Have you used, or are you currently using, any **other healing modalities** to support your challenges? If yes, please describe.