



You Have A Life Plan

Client Intake Form

This intake form is intended for me to understand where you are coming from, and how I might be able to support.

Complete as much or as little as you would like to share with me at this time. We can also fill in the blanks, as we work together, over time. Some clients find they learn a lot by filling out this form, some feel the form is too overwhelming, and prefer to just “get started”. Either way works for me. Feel free to use the back or additional pages, as needed.

Questions 1-2 gives us data to access to your Human Design (<https://www.yourlifeplan.ca/human-design>), Soul Contract (<https://www.yourlifeplan.ca/soul-contract>), Gene Keys (<https://www.yourlifeplan.ca/gene-keys>), and natal Astrology (<https://www.yourlifeplan.ca/astrology>). **Questions 3-33 and 35-36** are for you to share aspects of your life experience with me, so we can try to make sense of it by looking at your charts and address it using Esogetic Medicine (<https://www.yourlifeplan.ca/find-your-truth>), Divine Healing (<https://www.yourlifeplan.ca/divine-healing>), RestoreChi (<https://www.yourlifeplan.ca/restorechi>), or the Information Field (<https://www.yourlifeplan.ca/healy>). The answer to **Question 34** is important for me to know.

This form can also be completed on behalf of your child (please indicate if you are doing so).

There are additional steps for Esogetic Medicine and the Information Field. The information you provide here is confidential, however, please read this article <https://www.yourlifeplan.ca/post/who-what-ends-up-in-my-blog-posts-and-what-does-not> to understand what I share publicly, so you can inform me of what you feel (and do not feel) comfortable with.

i. **Name:**

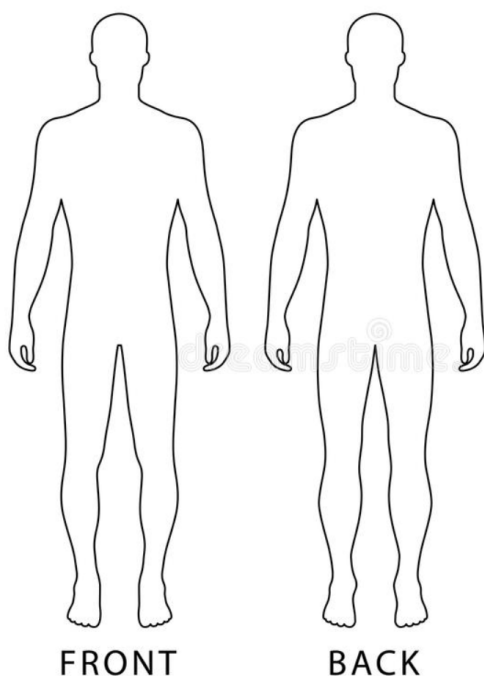
ii. **Preferred method of contact:**

1. **Full birth certificate name, common name while growing up** (often this is just first and last name, with middle names dropped, but sometimes names are changed, shortened, or alternate names are used), and **current name**. For any names pronounced using a language other than English, please indicate the language for pronunciation for each name, and go to <https://vocaroo.com/>, to record yourself saying the full name, once at regular speed and twice slow, then include the link that it generates. You are welcome to include names for parents, partner, and child(ren) too:
2. **Date, time, city, and country of birth**. You are welcome to include info for parents, partner, and child(ren) too:
3. Describe your relationship with your **Mother** – now and while growing up:
4. What is your relationship with **your own feminine side (ability to self-care)?**:

5. Describe your relationship with your **Father** – now and while growing up:
6. What is your relationship with **your own masculine side (ability take action and be successful in the world)**?:
7. Describe your relationships in general **(with your self and others; including siblings, children, friends, partners, peers, co-workers, bosses, teachers, and other family)** – now and while growing up:
8. **How far back can you remember** from your childhood (i.e., from what age)?
9. Did you suffer from **any abuse, trauma, or neglect in childhood**?
10. Were you **healthy as a child**?
11. What was life like for you around the following ages? Any **accidents, surgeries, illnesses, traumas, strong worries/stresses/fears**? ****Use the page at the end to share what you feel is important****
 - a. 0-3yrs
 - b. 3-6yrs
 - c. 6-9yrs
 - d. 9-12yrs
12. Did you experience anything during puberty (age 12-24yrs) that allowed you to find yourself and heal your childhood wounds (a mentor, passion, caring person, etc.)?
13. How was your **mother's pregnancy with you**. If you don't know, and she is still in your life, ask her. Did she have any prior or concurrent losses or terminations, how was your conception, how did your parents (and others) react when they found out they were pregnant, what was their life like at the 6 month mark, how was your birth, water rupture, time in the birth canal, actual birth, cutting of your cord, who was present in the room when you were born, were any forceps, drugs, or other interventions used, was there any stress at or shortly after the time of your birth? If you have siblings, are they older or younger, what's the age difference, and how was the integration when you or they were born?
14. Have you ever thought **"you never really wanted to be here"**? Do you **react to your reactions (trauma loop)**?
15. Do you **look for love but also fear it**? Please indicate your **attachment style**, if known.
***see "Attachment Styles" under Supplemental Information at the bottom of <https://www.yourlifeplan.ca/prices>**

16. Are you **scared to die**? Please indicate your **go to when there is an absence of felt safety** (watchdog, possum, poisonous cicada, squirrel, turtle, etc). Is it **easy for you to shift** out of this state and back into owl mode?
***see “Felt Safety Animals” under Supplemental Information at the bottom of <https://www.yourlifeplan.ca/prices>**
17. Are you **afraid to be your unique self**? **Do you get stuck** in uncomfortable stress or emotion states? Can the **different roles that you play co-exist easily**, are they well **integrated** into the wholeness of who you think you are?
***see “Kid-Friendly Emotions and Energy States” and “The Whole Brain Child” under Supplemental Information at the bottom of <https://www.yourlifeplan.ca/prices>**
18. How’s your **present mental/emotional/physical health**? Any **medications**? Under any **medical care**? Any **acute or chronic symptoms** (including those you may have just become accustomed to)?
***see “Symptoms by Astrological Sign” under Supplemental Information at the bottom of <https://www.yourlifeplan.ca/prices>**
19. How’s your **sleep**, any **common waking times**, do you **wake rested**, do you **dream**?
20. Any **allergies**?
21. Any **addictions/cravings**?
22. Any **dental issues/procedures** (i.e., cavities, gum issues, root canals, toothaches, mercury fillings, bridges, wisdom teeth removed, etc.)? If so, please indicate the specific tooth/teeth affected, and age, if you can.
23. Any **recurrent infections/illnesses** in your lifetime (i.e., earaches, tubes in your ears, eye problems, sinus problems, tonsil, appendix, bronchitis, frequent flu, colds, **any organs removed**, etc.)? Indicate age, if you can.
24. Any **hormonal problems** in your lifetime (i.e., menstrual cycle, fertility, acne, adrenal, stress, sleep disturbance, menopause symptoms, etc.)? Any **current hormonal treatment**?
25. Any **learning or concentration problems** (including **neurodivergence, autism, gifted, twice exceptional, asynchronous development, sensory processing issues, brain fog, dementia, etc**)?
***see “Sensory Processing Issues” under Supplemental Information at the bottom of <https://www.yourlifeplan.ca/prices>**
26. Any **back problems** in your lifetime? If so, please indicate the type (including the specific vertebrae or section(s) affected, if you can), age, and resolution (if any).

27. Describe your **present home/family/work environment**. Are you currently under any **strong personal/professional stress**? Any **repeating stressors** (especially across in different situations/relationships)?
28. Describe your **main occupation**. Are you happy with this?
29. Do you feel you are **on your true lifepath**? Do you **feel fulfilled** with your life, or is **something missing**?
30. Describe your **diet**. Are you happy with it?
31. Describe your **level of activity and exercise**. Are you happy with it?
32. Describe your current **life force energy**. Are you happy with it?
33. Do you **meditate**, **connect with your self regularly**, or have a **spiritual practice**?
34. What **results are you hoping to get** from working with me? Please list the **order of priority**, and please tell me **what you have tried in the past** (specifically **what did and did not work well for you**).
35. Please indicate any areas on this image where you tend to have **weak spots**, or where you tend to **react** or **hold/store emotions when under stress**?



Signing (or entering your name) below indicates that you understand that working with Alahnnaa Campbell of You Have A Life Plan is not intended as a replacement for medical treatment, advice, or your own common sense, and ability to determine what is right for you. This also indicates that you appreciate that it is your responsibility to seek medical care (or any other support) for any problems or illnesses:

Signature (or type name):	
Date:	

36. Anything to add?: