



## 0.1 Onboarding

Okay, so we get it. I know this looks like a lot of homework, and let's be honest, which weirdo wants to waste time and energy into volunteering information about their pain. But here is the thing; If you are here now, that means that at least part of you is tired, and wants real, meaningful and permanent change.

Transformation is often painful, as it often requires disruption. Dismantling the familiar, the one which we have invested so much into already might seem like an overwhelming undertaking. Who wants to look in the mirror too closely? And yet, that tiny voice tells you, there has to be more.. Further - it says.. There has to be magic somewhere..

We are not shrinks, we don't want you to talk forever and analyze things to death. Rather, we are like you, familiar with pain, familiar with the mundane, familiar with longing for something different, something that reminds us of the wonder, the aliveness, the worthwhile meaning, but most importantly, that radiant JOY. And so we set out, with all our wills and wits and sweat, and found: the no-answer answer. The exhilarating shimmering, peaceful, quiet "woa". You can too. Really.

There will never be " the right time ". There will always be something. The only question is: will you allow yourself to decide? Really decide. It doesn't take much, it's just a simple inner check in. Because you either in, or you are out. It's painful trying to stretch into opposing directions for too long. So? Which box will you check?

☐ **I am in**   ☐ **Not today**

If you are willing to make a shift in attitude, a commitment, please remind yourself that this is the first day of the rest of your life. On our side of the universe, the right time is always the now.

So welcome aboard! Let the mild chaos commence!

SECTION 1: BASIC INFORMATION

Full Name: \_\_\_\_\_  
\_\_\_\_\_

Preferred Name / Pronouns (optional): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact (Name, Phone, Relation): \_\_\_\_\_  
\_\_\_\_\_

SECTION 2: BODY & MOVEMENT - BASED PRACTICE

(Complete if attending long sitting or moving meditations, somatic work, movement - based sessions, exercises and/or energy work)

Do you have any current injuries or medical conditions that affect movement or balance?

☐ Yes   ☐ No

If yes, please describe briefly: \_\_\_\_\_  
\_\_\_\_\_

Are you pregnant, postpartum, or managing any physical conditions we should know about?

☐ Yes   ☐ No   If yes, please describe \_\_\_\_\_

Do you experience any of the following?  
(Check any that apply - See next page)

- ☐ Joint pain or mobility issues
- ☐ Heart conditions or high blood pressure
- ☐ Dizziness or balance issues
- ☐ Allergies
- ☐ Past surgeries or mayor conditions
- ☐ Other: \_\_\_\_\_

How would you describe your current level of physical activity?

- ☐ Sedentary
- ☐ Light
- ☐ Moderate
- ☐ Active
- ☐ Other: \_\_\_\_\_

## SECTION 3: MEDITATION, BREATHWORK, SOUND & VOCALS

(Complete if attending mindfulness, meditation, chanting, or breath-focused or sound sessions)

Do you currently meditate or have a regular mindfulness practice?

- ☐ Yes
- ☐ No

If yes:

Type/style of meditation: \_\_\_\_\_  
\_\_\_\_\_

How frequently do you practice? \_\_\_\_\_

Average practice duration? \_\_\_\_\_

Have you tried any of the following practices?  
(Check all that apply)

- ☐ Breathwork (e.g. Follow the breath meditation, pranayama)
- ☐ Silent Mantra
- ☐ Mantra chanting, kirtan or vocal toning
- ☐ Body scan or guided meditations
- ☐ Walking meditation
- ☐ Inquiry, koans
- ☐ Movement meditation
- ☐ Sound healing
- ☐ Vibration and/or energy work
- ☐ Prayer
- ☐ Other: \_\_\_\_\_

Do you have any sensitivities or difficulties with meditation or breath-based practices?

(E.g., dissociation, difficulty staying still, sleepiness, dizziness, triggering emotional responses, etc.)

☐ Yes   ☐ No

If yes, please describe briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: EXISTENTIAL SUPPORT, INTUITIVE DIALOGUE, COACHING & OTHER RANTS LEADING TO PARADOXICAL UNDERSTANDING**

(Complete if attending inner work sessions focused on life direction, spiritual growth, existential inquiry, healing & well being, or intellectual entertainment. In other words; consultancy for the conflicted mind)

Use a separate page if needed for all of the below.



What is your current biggest challenge, area of concern or struggle?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a specific goal, intention, or area of growth you're working toward?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you believe this challenge or block exists?

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Where do you feel stuck? What’s keeping you from making progress?

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What have you already tried to address or resolve this?



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Did it help? Why or why not?

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Have you identified your biggest fear? ☐ Yes   ☐ No If yes, what is it?

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What are some of the internal or external obstacles in your way?  
(Check all that apply and/or write your own)

- ☐ Fear or self-doubt
- ☐ Lack of clarity or direction
- ☐ Financial or time constraints
- ☐ Unsupportive environment
- ☐ Emotional overwhelm
- ☐ Inner resistance / not ready
- ☐ Other: \_\_\_\_\_

Please feel free to explain / expand \_\_\_\_\_

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Are you open and ready / willing to work on this now?

- ☐ Yes, I'm ready
- ☐ I'm somewhat hesitant
- ☐ I want to, but something is holding me back
- ☐ Other: \_\_\_\_\_

If hesitant, please describe why: \_\_\_\_\_

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Do you have a support system? (Check all that apply)

- ☐ Spouse or partner
- ☐ Family
- ☐ Friends or community
- ☐ Therapist or coach
- ☐ Spiritual, religious or other kind of group
- ☐ Other: \_\_\_\_\_

Please feel free to expand (optional) \_\_\_\_\_

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Have you experienced any of the following? (Check all that apply)

- ☐ Anxiety
- ☐ Depression
- ☐ Trauma (recent or past)
- ☐ Panic attacks
- ☐ Emotional burnout
- ☐ Addiction (past or present)
- ☐ Other: \_\_\_\_\_

Optional: describe or share anything you feel is relevant. Use extra paper if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Because everyone needs a break sometimes, here is one of our all time favourite mind benders. Go ahead, proceed unreasonably

What is  
the color  
of space?



What do you find difficult to accept or like about yourself?\_\_\_\_\_

What do you love about yourself? \_\_\_\_\_

Do you have any passions, gifts or talents? Hobby's? \_\_\_\_\_

SECTION 5: PAST WORK

Have you worked with any of the following before?

Practice or Modality	Tried it?	Did you like it?	Was it helpful?
Yoga	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tai Chi / Qigong	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Martial Arts	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dance / Somatic Movement	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breathwork / Chanting	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meditation / Mindfulness	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Coaching / Mentoring	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychologist / Talk Therapy	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Energy Healing / Reiki	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hypnosis or Hypnotherapy	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternative Therapies	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Energy Healing / Reiki	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: EXTRAORDINARY EXPERIENCES

Have you ever experienced anything “out of the ordinary” worth noting? Feel free to use separate paper if needed.

SECTION 7: PERSONAL NEEDS & BOUNDARIES

Are there any accessibility concerns, general boundaries, sensitivities, or trauma-related triggers you’d like us to be aware of in order to better understand you?

Is there anything you’d like to share about your spiritual, cultural, or personal background that may help create a more supportive space?

## SECTION 8: CONSENT & RESPONSIBILITY

- ☐ I confirm that the information provided is accurate to the best of my knowledge.
- ☐ I understand that these services are not a substitute for medical, psychological, or legal care.
- ☐ I agree to take full responsibility for my physical, emotional, and mental wellbeing during and after sessions.

NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Now that's out of the way, let's fly! 😊

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## PLEASE DO NOT FORGET TO THANK YOURSELF!

Phew! You made it!

Taking a flashlight inside the dark passages of the unconscious & conscious mind, can sometimes reveal a lot of heavy, messy clutter. (Also known as tripping hazards for any explorer of the unknown.) Other times, fuelled by desire, impatience kicks in. "Full speed ahead" we say in panic at the perceived passage of time, while the ships engines are overheating, and ignition sparks. But you - you are doing just fine!

You paused, looked, inspected. Assessed. You allowed. You committed to your decision, to your goal. Please acknowledge your act of courage and self compassion. Acknowledge the time invested. Take a breath. Thank yourself.

Taking an inventory of one's inner space, seeing which programs are operating and how, is a good start and can pave the way towards transformation. Say hello to 2.0!

Reorganizing one's mind, beliefs and one's world, can feel like an endless chore at times, but knowing that this real estate once freed can be used to fulfill infinite potentials can also be a great catalyst. So go ahead, dare to dream in a multiverse of possibilities. Don't worry. It's perfectly safe 😊!