

# Client Self-Evaluation Form

This form is designed to provide a self-evaluation of each cycle of flower essence use. Please use it to report your experiences with the essences.

Name \_\_\_\_\_ Date: \_\_\_\_\_

Time period essences were used: \_\_\_\_\_ Practitioners Name: \_\_\_\_\_ Session #: \_\_\_\_\_

**1. Please list the essence(s) in this dosage cycle, how often you took them, and for what period of time:**

**2. Please describe the preexisting conditions that you were taking the essences for:**

**3. Please describe any significant changes in the conditions mentioned above which you feel might be a result of taking the essences, regardless of whether the change is perceived to be positive or negative. Please mention any noticeable changes in previous symptoms, emotional and mental state, and general health:**

4. Note any preexisting conditions that did not seem to change during this dosage cycle:

5. Please list any other therapies, both traditional and alternative, that you were involved with during this essence dosage cycle. Please comment on whether you found them to be helpful, and if so, in what ways:

6. How did you experience the effects of these essences?

7. Based on your current perceptions, how do you feel that this cycle of essences was beneficial?

8. What are your intentions and goals for your next consultation?

*Thank you! Please use additional sheets of paper if necessary.*