Session Issues/Concerns Checklist

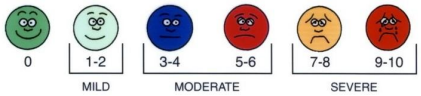
Choose 4 - 5 items (or create your own list). Have the list handy during your session with Debi.

- ☐ Aching wrists, fingers, hands
- ☐ Addiction: Adrenaline or Drama
- ☐ Addiction: Alcohol or other drinks
- ☐ Addiction: Cosmetic Surgery
- ☐ Addiction: Drugs/Cigarettes
- ☐ Addiction: Food
- ☐ Addiction: Gambling
- ☐ Addiction: Internet/Social Media
- ☐ Addiction: Sex
- ☐ Addiction: Shopping
- ☐ Addiction: Sports
- ☐ Addiction: TV/Video Games
- ☐ Addiction: Work
- ☐ Addiction: Other _____
- ☐ Anger/bitterness
- ☐ Anxious
- ☐ Bedwetting, nightmares, night terrors
- ☐ Before or after medical/dental procedure
- ☐ Blocks: clients (getting and/or keeping)
- ☐ Blocks: creativity/writing
- ☐ Blocks: health/wellness
- ☐ Blocks: love/relationships
- ☐ Blocks: money/finances
- ☐ Body feels heavy or weighted down
- ☐ Body image issues or eating disorder
- ☐ Bowel Problems: Constipation
- ☐ Bowel Problems: Diarhea
- ☐ Brain fog, unable to focus
- ☐ Burning chest sensation
- ☐ Chronic illness or physical dis-ease
- ☐ Claustrophobia
- ☐ Cold feet/hands
- ☐ Congested nasal passages
- ☐ Constant negativity
- ☐ Depressed, sad, or mood swings
- ☐ Difficult to take deep breaths
- ☐ Difficulty falling and staying asleep
- ☐ Excessive sweating
- ☐ Fear of _____
- ☐ Feeling insecure
- ☐ Feeling of blocked breathing
- ☐ Frustration
- ☐ Grief
- ☐ Guilt
- ☐ Hatred of or toward someone
- ☐ Headaches//Migraines
- ☐ Heartache/Broken Heart
- ☐ Helplessness/hopelessness
- ☐ Highly Sensitive or Emotional
- ☐ Hormonal issues
- ☐ Hot Flashes/Night Sweats
- ☐ Indecisiveness/wishy-washy
- ☐ Indigestion/Gas/Bloating
- ☐ Infertility
- ☐ Jealously
- ☐ Joint pain or lack of mobility
- ☐ Lack of motivation or desire
- ☐ Limiting beliefs about: career/Job
- ☐ Limiting beliefs about: money
- ☐ Limiting beliefs about: outlook on life
- ☐ Limiting beliefs about: relationships
- ☐ Limiting beliefs about: success
- ☐ Limiting beliefs about: weight loss
- ☐ Loneliness/Shy/Bashful
- ☐ Menopause: Pre, Post, Peri
- ☐ Morning sickness
- ☐ Negative self-talk
- ☐ Numbness/Tingling: Arms
- ☐ Numbness/Tingling: Feet
- ☐ Numbness/Tingling: Hands
- ☐ Numbness/Tingling: Legs
- ☐ Obsessive/Compulsive
- ☐ Old negative experiences/accidents
- ☐ Old negative memories
- ☐ Over-active/restless mind
- ☐ Pain/Discomfort: Overall body
- ☐ Pain/Discomfort: Head/Neck
- ☐ Pain/Discomfort: Hips/Legs
- ☐ Pain/Discomfort: Torso (front or back)
- ☐ Pain/Discomfort: Shoulder/Arms
- ☐ Pain/Discomfort: Other _____
- ☐ Panic attacks
- ☐ Perfectionist
- ☐ Physical/Mental/Emotional/Spiritual Abuse
- ☐ Post-traumatic stress
- ☐ Procrastination
- ☐ Rage
- ☐ Resentment
- ☐ Resistance to: eating veggies
- ☐ Resistance to: exercise
- ☐ Resistance to: staying well-hydrated
- ☐ Restless legs
- ☐ Road rage or other rage
- ☐ Scare/Startle Easily
- ☐ Seasonal allergies
- ☐ Self-esteem or social sssues
- ☐ Self-sabotaging thoughts/behaviors
- ☐ Sharp electric-shock type pain
- ☐ Sinus problems
- ☐ Skin: rash, redness, itch, dryness, acne
- ☐ Stiff hands and fingers
- ☐ Stress/Worry/Unable to Relax
- ☐ Struggling with school or work
- ☐ Struggling with spiritual gifts/purpose
- ☐ Teeth Grinding/Jaw Clenching
- ☐ Traumatic Birth - Mom or Child
- ☐ Unworthy/worthless
- ☐ Urinary problems

Sexual Intimacy Issues/Concerns

- ☐ Lack of desire
- ☐ Lack of arousal
- ☐ Lack of orgasm
- ☐ Physical pain

Severity Assessment Tool



Request Info About Specialized Services

- ☐ Ancestral Lineage Clearing
- ☐ Business Clearing
- ☐ Name Clearing
- ☐ Chakra Clearing & Balancing
- ☐ Energy Clearing & Balancing
- ☐ House & Land Healing

Eliminate Food or Drink Cravings

1

2

Heart-Wall

Checked at your first session!

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