

**Grace Bubeck, Body-mind therapist, Heart of Love Healing**

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**Heart of Love Healing  
Research Project Initial Questionnaire**

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

Today's Date: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Address: \_\_\_\_\_

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

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

How did you hear about this project? \_\_\_\_\_

\_\_\_\_\_

**Project Details:**

This research project is about studying the effects of a new healing modality called heart of Love healing. In using this form of healing, I open to the energy of pure Love in myself as well as in relation to the person I work with. The effect of connecting with this energy and allowing it to change the energetic field both in myself and in the person I work with can be very powerful and very profound. There is no restriction in terms of what can be addressed in the sessions: you can come with a purely physical problem, or with an issue that is energetic, emotional, mental, or spiritual. We will work with one issue over the series of three sessions.

In participating in the research project, you are contributing to finding out more concretely what this new healing modality can do. You are also committing to the following:

- paying a reduced fee of \$30 per session;
- filling out a questionnaire at the beginning and the end of the series of three sessions, and before and after each session;
- writing a testimonial about your experience which may be used on my website (this can be totally anonymous);

I may write up the results of this research for my website or even for publication, but the content of the sessions will stay strictly confidential.

Thank you for participating in this research, and for letting others know about it who may also be interested in participating!

## General Questions:

1. What is the issue/problem that you want us to work with in the sessions?

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2. How do you feel about this issue right now?

1 = not good at all / very painful / very stuck

10 = very well / not a problem at all

1    2    3    4    5    6    7    8    9    10

Explain/Discuss:

3. Take a few deep breaths and connect with this issue/problem: what comes up for you as you do so?
4. Have you had other forms of therapy or treatment for this issue/problem before, and if yes, with what results?
5. What are your expectations and what would you like to be the result of these sessions?