

# Information Sheet for Space Healing with Sahar Huneidi-Palmer



1. Is your space: home \_\_\_\_\_ or office \_\_\_\_\_.
2. Is it an apartment: \_\_\_\_\_, House: \_\_\_\_\_,  
Other (please describe)? \_\_\_\_\_
3. How many floors is it? \_\_\_\_\_. Including a basement? Yes \_\_\_\_, No basement \_\_\_\_.
4. How many people occupy this space? \_\_\_\_\_ Indoor pets? Yes \_\_\_\_, No \_\_\_\_.
5. What is the location? City \_\_\_\_\_, Country \_\_\_\_\_.

6. What is the square meter area, or square footage, of each floor?  
First floor: \_\_\_\_\_, Number of rooms: \_\_\_\_\_  
Second floor: \_\_\_\_\_, Number of rooms: \_\_\_\_\_

If you have more floors, please add a sheet and email it.

7. What are the rooms on each floor, and who occupies it?

	<u>Room</u>	<u>Occupant</u>
First floor:	_____	_____
	_____	_____
	_____	_____
Second floor:	_____	_____
	_____	_____
	_____	_____

8. What symptoms are you experiencing, or suffering from, now?

In general: \_\_\_\_\_  
\_\_\_\_\_.

Specifically, in each room, if any:

\_\_\_\_\_  
\_\_\_\_\_

9. Are you, or anyone in your space, experiencing any physical symptoms along with this issue, aches and pains, anxiety etc? what are they?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What do you hope to achieve from this space healing?

\_\_\_\_\_  
\_\_\_\_\_

11. Please email the following with this form:

- Hand drawing, or floor plan for each floor, to scale; labelling each room.
- Mark the North direction on your floor plan, main entrance, garden, pool, or other buildings.
- One photograph for each room on each floor, clearly numbered & marked on your floor plan.
- One photograph of the outside of the property.
- Anything you would like me to know.

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

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

Date of birth: DD/MM/YYYY \_\_\_\_\_

(You can use this space to add any other information you feel is relevant)