INSTITUTE OF ESOTERIC PSYCHOLOGY

SELF-DISCOVERY FOR WELLNESS PART ONE

NEW STUDENT QUESTIONNAIRE

Please complete the questionnaire and return to me via email at kjb@institute-ep.com

Please keep copies of this and all of your completed questionnaires for reference (and interest).

DATE: _____

NAME:

EMAIL ADDRESS:

CELL PHONE NUMBER FOR TEXTING IF NECESSARY:

BIRTH MONTH AND DAY:

GENERATIONAL DESIGNATION (E.G. BABY BOOMER, GEN XER, ETC…)

PLACE OF BIRTH:

EDUCATION:

UNIVERSITY

SECONDARY

DEGREES:

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RELIGIOUS UPBRINGING:

CURRENT RELIGIOUS AFFILIATION (IF ANY):

ETHNICITY:

PROFESSION:

LIST 5 THINGS THAT BEST DESCRIBE WHO YOU ARE:

1)

2)

3)

4)

5)

LIST THE 5 CHARACTERS FROM FICTION THAT YOU MOST ADMIRE:

1)

2)

3)

4)

5)

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IF YOU COULD SPEND YOUR LIFE DOING THESE 3 THINGS, WHAT WOULD THEY BE?

1)

2)

3)

WHAT ARE 3 ATTRIBUTES THAT YOU WISH THAT YOU HAD:

1)

2)

3)

WHO YOU WOULD ULTIMATELY LIKE TO BECOME?

LIST 4 THINGS THAT YOU WOULD LIKE TO DISCARD FROM YOUR CURRENT LIFE:

1)

2)

3)

4)

Thank you so much for completing this Questionnaire. All of the information will be held in strict confidentiality.

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