

Margaret Dexter's Human and Animal Communication and Reiki Application & Questionnaire - About You

Because your animals mirror and reflect you in many ways, in order to assist them it is important to work with you as well as your animal. Often when we review your emotional, mental and physical health, we discover patterns and connections with your animals that were unknown and/or unrecognized. Please fill out as much of the Questionnaire as you feel comfortable with – and understand that your Session starts when you fill out the Form.

*Please print clearly – if you need more space please write on another sheet and attach.
When you've completed the form, return to Margaret at: Fax # 423-266-3384 -- or mail to:
Margaret Dexter, 1175 Pineville Rd. #124, Chattanooga TN 37405 -- or email to: Margaret@DexterCreations.com*

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Email address _____ Age _____
Phone (home) _____ (work) _____
(Cell) _____ Occupation _____
Best time/day to reach you: _____

Please indicate your status: Married Single Divorced Separated Widowed Significant Other

1. What are the main issues you want to address, for yourself and/or your animal?
2. What do you want to have happen as a result?
3. Do you have any active addictions or are you in recovery from addictions? If yes to either, please explain.
4. Are you a survivor of physical, sexual or emotional abuse? If yes, briefly explain your therapy process and how long you've been in recovery.
5. Are you or have you ever been suicidal? If yes, please explain.

6. Are you or have you ever taken medication for mental health problems? If yes, please explain

7. Briefly describe what you consider to be your support system.

8. List any injuries, operations or other pertinent history (use separate sheet if needed):

9. Have you been diagnosed with any medical conditions or illness?

10. Please list any medications you're currently taking:

11. Please list any vitamins or supplements that you take and why:

Instructions: Below is a list of conditions which may seem unrelated to the purpose of your session. However, there are many conditions and symptoms that are mirrored between you and your animal(s). Recognizing these underlying patterns helps us determine what these issues are so we can more consciously be aware of and address them. Please check the symptoms you have experienced as chronic (recurrent symptoms) and/or acute (symptoms you have now).

Gastro-Intestinal

Acute Chronic

- Digestive Complaints
- Stomach Pain cramps/muscle pain
- Ulcers
- Frequent heartburn
- Nausea
- Frequent diarrhea
- Frequent constipation
- Irritable bowel
- Hemorrhoids or rectal itching
- Frequent vomiting
- Colitis/Diverticulitis
- Black or bloody stool
- Frequent burping or belching

Immune Response

Acute Chronic

- Frequently Sick
- Frequently swollen glands/sore
- Depression / anxiety
- Achy joints/muscle pain
- Headaches/migraines
- Recurrent digestive complaints
- Chronic fatigue
- Food allergies
- Allergies (mild / moderate / severe)

Respiratory System

Acute Chronic

- Chronic cough
- Asthma
- Emphysema
- Recurrent colds or sinus infections
- Recurrent bronchitis or pneumonia
- Smoker (current or past)

Genito-Urinary System

Acute Chronic

- Too frequent urination
- Very susceptible to infections
- Discolored or foul smelling urine
- Blood in urine
- Recurrent kidney or bladder infections
- Kidney stones
- Bedwetting
- Inability to control bladder
- Recurrent urinary tract infections
- Tendency to drip after urinating

Cardiovascular

Acute Chronic

- Irregular Heartbeat
- Heart murmur / palpitations
- Chest pain
- Previous heart trouble
- Poor circulation
- Previous heart surgery
- Varicose or spider veins
- Hands & feet cold all the time
- Eczema or hives

Structural/Neurological

Acute Chronic

- Headaches
- Muscle
- Neck pain
- Jaw pain
- Dizziness
- Back pain
- Shoulder / Elbow / Wrist pain (circle)
- Numbness / Tingling
- Tremors in hands or feet
- Knee pain / Hip pain (circle)
- Joint pain or loss of function
- Bone fractures or injury
- Tendonitis / Bursitis

Endocrine System (glandular)

Acute Chronic

- Cold hands & feet
- Low blood pressure
- Weight problems (over or under)
- Thyroid problems
- Diabetes
- Irritable if meals are missed
- Anxiety / nervousness / irritability
- Dizzy on standing too quickly
- Weak and shaky
- Hyperactive Behavior
- Depression (occasional / mild / severe)
- Frequent headaches
- Digestive complaints

Eyes / Ears / Smell Miscellaneous

Acute Chronic

- _____ Recurrent ear or eye infections
- _____ Slowly losing vision
- _____ Floaters or cloudy vision
- _____ Glaucoma
- _____ Macular degeneration
- _____ Cataracts
- _____ Diabetic retinopathy
- _____ Yellow or red in whites of the eyes
- _____ Ringing or static sound in the ears
- _____ Earache (right or left)
- _____ Sensitive to bright light
- _____ Perfumes make you sick
- _____ Loss of sense of smell"
- _____ Itchy ears or eyes

For Women Only

Chronic Acute

- _____ Recurrent yeast infections
- _____ Vaginal discharge
- _____ Menstrual irregularity
- _____ Cramping
- _____ Mood swings / depression
- _____ Premenstrual syndrome
- _____ Infertility
- _____ Frequent miscarriages
- _____ Sexually Transmitted Disease
- _____ Hot flashes
- _____ Currently using hormone medication
- _____ Lumps in breasts
- _____ Uterine or ovarian cysts
- _____ Bladder leaks too easily
- _____ Endometriosis
- _____ Loss of libido
- _____ Taking or have taken birth control pills

Have you ever been pregnant? No Yes, how many children do you have? _____

Have you ever had an abortion? No Yes

Have you ever lost a child? No Yes

Please list any other symptoms or unusual conditions that you feel are important:

1. _____
2. _____
3. _____
4. _____
5. _____

Please explain: _____

Miscellaneous

Acute Chronic

- _____ Difficulty sleeping
- _____ Restless, uneasy sleep
- _____ Edema (legs/ankles/feet/arms/hands)
- _____ Unusual swelling in legs or arms
- _____ Chemical Sensitivities
- _____ Bad breath and/or body odor
- _____ Frequent bad dreams or nightmares
- _____ History of antibiotic use
- _____ Hair is brittle or dry
- _____ Poor memory
- _____ Crave sugar / breads / alcohol / other
- _____ Crave chocolate
- _____ Feel "spacey"
- _____ Frequent crying spells
- _____ Cuts don't heal quickly or easily
- _____ Frequent bruising
- _____ Learning Disabilities
- _____ Fatigue (occasional / mild / severe)
- _____ Are you a perfectionist?
- _____ Easily startled or frightened

For Men Only

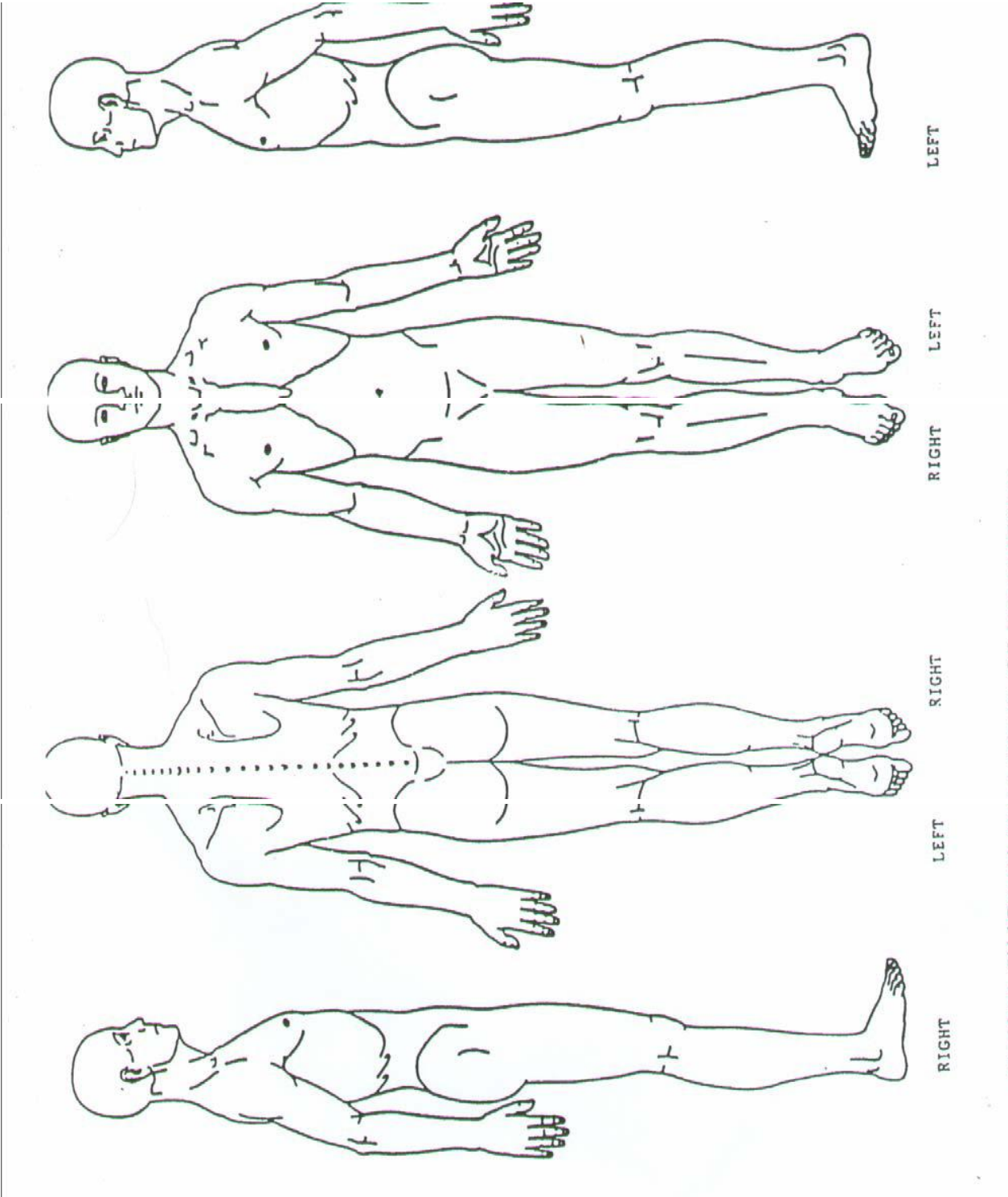
Acute Chronic

- _____ Prostrate trouble
- _____ Urination problem
- _____ Reproductive problems
- _____ Loss of libido / impotence

Have you had a Vasectomy? Yes No

Do you have children? No Yes, how many _____

Have you ever lost a child? No Yes



• PLEASE SHADE IN ANY AREAS OF DISCOMFORT

Toxicity Exposure

Rate each of the following situations based upon your environmental profile for the past 120 days.
0 Never 1 Rarely 2 Monthly 3 Weekly 4 Daily

1. How often are strong chemicals used in your:

Home? _____ Office? _____ Kennel/stable? _____

(Includes disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax or cleaners, window/glass cleaners, etc)

2. How often are pesticides used in your:

Home? _____ Office? _____ Kennel/stable? _____

(Includes fly sprays, flea products, etc)

3. How often do you have professional treatment for insects in your:

Home? _____ Office? _____ Kennel/stable? _____

4. How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your:

Home? _____ Office? _____ Kennel/stable? _____

5. How often are you exposed to nail polish, perfume, hair spray and other cosmetics?

Home? _____ Office? _____ Kennel/stable? _____

5. How often are you exposed to diesel fumes, exhaust fumes or gasoline fumes?

Home? _____ Office? _____ Kennel/stable? _____

Indicate the corresponding number for questions 6 and 7 below
0 No 1 Mild Change 2 Moderate Change 3 Drastic Change

6. Have you noticed any negative change in your or your animal's health since you moved into your home/apartment? _____

7. Have you noticed any negative change in your health since you started your latest job? _____

Opt> For animals who are stabled or kenneled: Have you noticed any negative changes in their health after being relocated or kenneled? _____

8. Do you have a water purification system in your:

Home? NO YES, if so, what type? _____

Office? NO YES, if so, what type? _____

Kennel/Stable? NO YES, if so, what type? _____

9. Do you have any indoor pets?

NO YES, if so, how many and what kind? _____

10. Do you have an air purification system in your:

Home? NO YES, if so, what type? _____

Office? NO YES, if so, what type? _____

Kennel/Stable? NO YES, if so, what type? _____

About Your Animals

Please answer each question as appropriate, using the following scale where indicated
0 Disagree Strongly 1 Disagree 2 Neutral 3 Agree 4 Agree Strongly

General:

- My animals are an important part of my family
- My animals are an important part of my life
- I love my animals like my children
- I have favorites among my animals
- My animals are treated equally
- It's important to stand up for and defend the 'underdog'
- It upsets me to see animals pick on or fight with each other
- I look for direction or guidance from my animals
- My animal's breeding is important to me
- I am often upset by my animals. If you Agree, please indicate when you are most upset:
-
- I do extra special things for my animals. If you Agree, please indicate what kinds of things you do:
-
- I often buy things for my animals. If you Agree, please indicate what kinds of things you do:
-
- I am often inconsistent with my animals. If you Agree, please indicate what way(s):
-
- It's most important for my animals to love me
- It's more important for my animals to respect me
- I often show affection to my animals
- I spend a lot of time with my animals
- I often dress my animals up. If so, how: _____
- My animals get the right amount of exercise
- My animals need more exercise
- I worry that my animals are hungry
- I worry that my animals are bored or lonely
- I feed my animals a strict diet
- I often give my animals food treats
- My animals are overweight
- My animals are underweight
- If my animals cause me too much grief, I'll get rid of them.
- My animals are anxious when I'm not with them
- I am anxious when I'm not with my animals
- I feel responsible for my animals in every way
- I want my animals to be happy
- I worry that my animals aren't happy
- Most of the time, my animals make me feel emotional. If you Agree, please indicate in what way (circle one):
happy, sad, angry, loved, accepted, frustrated, irritated, other: _____
- I take my animals everywhere I go, or would if I could
- My animals have a job to do
- I feel that my animals and I have a special connection
- I understand them better than anyone else
- I feel like I don't understand them
- I feel like they don't understand me
- I like animals more than I like people
- I need animals in my life to feel whole and happy

Training:

- My animals don't need training, they're okay the way they are
 - I expect obedience from my animals
 - I spend a lot of time training my animals
 - I've never trained my animals
 - I wish I could do a better job of training my animals but don't know how
 - I train sometimes but not consistently
 - I don't know how to train them but know they need it
 - I am often at a loss as to how to deal with their behavior
 - I've hired professional trainers to train for me
 - I expect them to behave properly at all times
 - I expect them to just be themselves
 - I am often proud of my animals. If you Agree, please indicate what kinds of things make you proud of them:
-

I am often embarrassed by my animals. If you Agree, please indicate what when you are most embarrassed

Please indicate the type and amount of training your animals have had:

Health:

- My animals are generally very healthy
- My animals have to be pretty sick or hurt before I notice anything wrong
- I'm always worried something's wrong
- My animals see their vet frequently
- My animals rarely see their vet
- I am very involved with their health
- I groom or bathe my animals on a regular basis
- My animal is current with all their shots
- I follow traditional veterinary guidelines, advice and protocol
- I seek alternative veterinary guidelines, advice and protocol
- I do a lot of research to stay abreast of the latest in health issues for my animals
- My animals are often ill or injured

If so, please list symptoms or illnesses: _____

Have you ever had similar symptoms, injuries or illnesses?

If so, please list _____

Death and Dying:

- I dread the whole subject of death and dying
- The subject of death and dying doesn't concern me overmuch
- I've never had an animal who died before
- I'm still grieving the loss of an animal
- I've had many animals who have died
- If my animals died I would be devastated
- I don't know what I would do if my animals died
- I won't have another animal if they die because they can never be replaced
- If my animals died I would be sad but would move on pretty quickly
- If my animals died I would go find another animal within the week
- When my animal dies, I want another animal just like them

CONSENT FORM FOR CONSULTING SESSIONS WITH MARGARET E. DEXTER, PhD

PLEASE take a moment to carefully read the following information and sign where indicated.

I, _____ (print your name), understand that Margaret’s approach to health is that of a holistic nature. She addresses each individual as a unique being with diverse needs mentally, physically, emotionally and spiritually. There is no assurance that my animal will feel better or obtain improvement with their presenting condition(s). Margaret’s intent is to assist you and them with as much ease and grace as possible in as few sessions as possible. For some this may occur in a few sessions, for others it may take longer. I and my animals are ultimately responsible for our personal healing and well-being.

I also understand that it may be important for me to receive therapy myself in order to help my animal. If at any time I feel uncomfortable with my or my animal’s treatment, it is my responsibility to inform her. Self-care is an extremely important part of my healing process, and I know Margaret respects and supports me in this. I am willing to also make appropriate lifestyle changes as needed.

I also understand that while I and/or my animals may immediately experience positive changes and results, we could also experience temporary difficulties as our bodies repair themselves. Our symptoms may intensify for a short period before relief is felt, so I won’t be alarmed if this happens. I will be encouraged because these symptoms tell me that the therapies are working, supporting the body as it makes changes, addressing problems more aggressively. I also agree to be patient and gentle with myself and my animal as we process and integrate these changes. If our bodies must create new neural pathways or generate new tissue or cells as it rebuilds healthier organs, joints, etc., this may take a few weeks or months, depending on the complexity of the task. If for any reason I am unable or unwilling to allow the time they need to heal after a therapy session, I will tell Margaret before our session.

I affirm that I have stated all known medical conditions, and have answered all questions honestly and to the best of my ability. I understand that this is not a substitute for medical examination and diagnosis. I understand that Margaret does not diagnose illness, disease or any other physical or mental disorder. Likewise, she does not prescribe medical treatments or pharmaceuticals, nor does she perform any spinal adjustments. Any information provided is for educational purposes only.

FOR DIABETICS OR ANYONE WITH HEART OR BLOOD PRESSURE PROBLEMS:

I understand that I must re-evaluate the need for insulin or other diabetic regulating protocol, or blood pressure regulatory medication(s) every day while I and/or my animal undergoes therapy because I know that the body may make fundamental changes very quickly. I hereby agree that I am willing to do so in a responsible manner.

NO SHOWS AND CANCELLATIONS:

I understand that my appointment purchases Margaret’s time. If I don’t show up for my appointment, I still owe for her time. If I need to reschedule, I will contact her at least 48 hours before my session date so that she can offer my time to someone else who needs it.

CLIENT SIGNATURE _____ DATE ____/____/____

PRACTITIONER’S SIGNATURE _____ DATE ____/____/____

You only need to submit one copy of this form for the file.