



Trauma Healing Blueprint

1. How are your wounds/traumas negatively impacting your life?

Life Areas: On a Scale of 1-10, Please Rate Each Area of Your Life Below (10= Very Satisfied
0 = Not Satisfied at All)

Connection with Self:

Self-Acceptance _____
Self-Trust _____
Daily Self-Care Time _____
Balance Work/Rest/Play _____
Set & Keep Boundaries with Self _____

Health:

Fitness/Appearance ____
Disease/Illness/Negative Symptoms ____
Sleep _____

Spirituality:

Connection with "Something Bigger" _____
Trust in "something bigger" _____

Relationships:

Spouse/S.O. _____
Children _____
Family (parents, siblings) _____
Friends _____
Set & Keep Boundaries with Others _____



Career _____

Passions _____

Money/Material:

Amount You Receive _____

Manage (Save/Invest, Spend) _____

Location (home, city, state, country) _____

2. **If fully healed, what would my life look like (What do you desire)? Describe for each area.**

Self- Connection:

Health:

Spirituality:



Relationships:

Career/Purpose:

Passions

Money/Material:

Location (home, city, state, country):



3. Wounds/Traumas

Family Experiences (This life, and likely related to past lives)

Describe what you experienced:

Limiting Beliefs/Fears (+ Connected Emotions):

Truths:



Ancestors

Describe breakdown/struggle for each life area:

Limiting Beliefs/Fears (+ Connected Emotions):

Truths:

