

Knots Untied Within ~ Amber Salembier

Choose 5-7 menu items (or build your own list) and bring to your next session.

Don't forget the 7 keys to a successful session

<input type="checkbox"/> Aching wrists, fingers, and hands <input type="checkbox"/> Addiction <input type="checkbox"/> Always cold feet/hands <input type="checkbox"/> Always tired/exhausted <input type="checkbox"/> Angry/bitterness <input type="checkbox"/> Anxious about everything <input type="checkbox"/> Anxious in public <input type="checkbox"/> Back pain, upper, mid, and lower <input type="checkbox"/> Blocked nasal passages <input type="checkbox"/> Blocks: clients <input type="checkbox"/> Blocks: creativity <input type="checkbox"/> Blocks: health <input type="checkbox"/> Blocks: love <input type="checkbox"/> Blocks: money <input type="checkbox"/> Bowel issues <input type="checkbox"/> Brain fog <input type="checkbox"/> Burning chest sensation <input type="checkbox"/> Constipation <input type="checkbox"/> Crying easily <input type="checkbox"/> Excessive sweating <input type="checkbox"/> Falling and staying asleep <input type="checkbox"/> Fear of anything <input type="checkbox"/> Feeling insecure <input type="checkbox"/> Feeling of blocked breathing <input type="checkbox"/> Food/drink addiction <input type="checkbox"/> Frustration <input type="checkbox"/> Grief <input type="checkbox"/> Guilt <input type="checkbox"/> Hard to take deep breaths <input type="checkbox"/> Hatred towards someone <input type="checkbox"/> Headaches <input type="checkbox"/> Heartache <input type="checkbox"/> Heart-Wall <input type="checkbox"/> Helplessness/hopelessness <input type="checkbox"/> Hormonal issues	<input type="checkbox"/> Indecisiveness/wishy-washy <input type="checkbox"/> Infertility <input type="checkbox"/> Jealously <input type="checkbox"/> Knee pain or discomfort <input type="checkbox"/> Limiting beliefs: money <input type="checkbox"/> Limiting beliefs: success <input type="checkbox"/> Limiting beliefs: weight loss <input type="checkbox"/> Liquor/wine/beer/etc. <input type="checkbox"/> Loneliness <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Menopause <input type="checkbox"/> Morning sickness <input type="checkbox"/> Nasal passage feels blocked <input type="checkbox"/> Neck pain or stiffness <input type="checkbox"/> Negative self-talk <input type="checkbox"/> Night sweats <input type="checkbox"/> Numbness in hands, feet, legs <input type="checkbox"/> Old negative experiences/accidents <input type="checkbox"/> Old negative memories <input type="checkbox"/> Pain (overall body) <input type="checkbox"/> Panic attacks <input type="checkbox"/> Procrastination <input type="checkbox"/> Resentment <input type="checkbox"/> Resistance: eating veggies <input type="checkbox"/> Resistance: exercise <input type="checkbox"/> Resistance: hydration <input type="checkbox"/> Restless legs <input type="checkbox"/> Sadness <input type="checkbox"/> Seasonal allergies <input type="checkbox"/> Sexual/intimacy issues <input type="checkbox"/> Sharp electrical pain <input type="checkbox"/> Shoulder pain <input type="checkbox"/> Shyness <input type="checkbox"/> Sinus problems	<input type="checkbox"/> Skin rashes, redness <input type="checkbox"/> Specific food/drink: eliminate <input type="checkbox"/> Stiff hands and fingers <input type="checkbox"/> Stress and worry <input type="checkbox"/> Tingling in fingers, hands, and feet <input type="checkbox"/> Unmotivated <input type="checkbox"/> Unworthy/worthless <input type="checkbox"/> Writer's block <p style="text-align: center;">Heart-Wall</p> <p style="text-align: center;">A protective shield that your subconscious mind builds of trapped emotions around your heart during times of intense heartache or heartbreak.</p> <p>Signs :</p> <ul style="list-style-type: none"> • unable to feel love, • feeling distanced from others • feeling misunderstood • emotional numbness • as if outside looking in • feeling trapped for no reason • unable to manifest your goals <div style="text-align: center;">  </div> <p>The Heart-Wall is included in your first full session (not complementary session)</p> <p style="text-align: center;">Severity Scale</p> <table style="width: 100%; text-align: center;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td>No Pain</td><td>Mild</td><td>Moderate</td><td>Severe</td><td>Very Severe</td><td>Worst Pain Possible</td><td colspan="5"></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td colspan="5"></td> </tr> <tr> <td>0</td><td>1-3</td><td>4-6</td><td>7-9</td><td>10</td><td colspan="5"></td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10	No Pain	Mild	Moderate	Severe	Very Severe	Worst Pain Possible																	0	1-3	4-6	7-9	10					
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