



THE ROOT CAUSE HEALING METHOD™ PROGRAM APPLICATION

Please read before completing:

The Root Cause Healing Method™ is a structured, nervous-system–informed emotional healing program for emotionally aware women who feel stuck despite years of inner work.

This application helps ensure the program is a supportive fit for where you are emotionally and what you're ready for right now.

Please answer honestly and thoughtfully. There are no right or wrong answers.

SECTION 1 — BASIC INFORMATION

Full Name:

Email Address:

Timezone:

Preferred Name (if different):

SECTION 2 — YOUR CURRENT EXPERIENCE

1. What currently feels most “stuck” or repeating in your life?

(Brief paragraph)

2. What forms of inner work, therapy, or healing have you already explored?

(Check all that apply)

- ☐ Therapy
- ☐ Coaching
- ☐ Somatic or body-based work
- ☐ Spiritual or energetic practices
- ☐ Self-study / books / courses
- ☐ Other: _____

3. What made you seek something different at this point in your journey?

SECTION 3 — READINESS & ALIGNMENT

4. This program focuses on education, awareness, and embodied integration rather than fixing or forcing emotional change. Does this align with what you’re looking for?

- ☐ Yes
- ☐ Unsure, but open
- ☐ No

5. Are you currently experiencing a mental health crisis or seeking immediate emotional

support?

- ☐ Yes
- ☐ No

(If yes, this program may not be the right support at this time.)

6. Are you willing to move at a paced, reflective rhythm rather than rushing outcomes?

- ☐ Yes
- ☐ Somewhat
- ☐ No

SECTION 4 — COMMITMENT & INTENTION

7. This program unfolds over several months and requires consistent engagement. Are you willing to participate at that level?

- ☐ Yes
- ☐ Unsure
- ☐ No

8. By the end of the program, what would make this feel valuable or meaningful for you?

SECTION 5 — ORIENTATION & QUESTIONS

9. If accepted, are you open to a brief orientation call to confirm fit and answer questions?

- ☐ Yes
- ☐ Prefer written confirmation

☐ Not at this time

10. Is there anything else you'd like to share or ask before moving forward?
(Optional)

FINAL ACKNOWLEDGMENT

☐ I understand that The Root Cause Healing Method™ is an educational and experiential program, not therapy or crisis support, and I am responsible for my own emotional care.

Signature (typed): _____

Date: _____

WHAT HAPPENS NEXT

Applications are reviewed personally.

If the program feels like a supportive fit, you'll receive next steps by email.