

# Intuitive Inventory

Set Intention: \_\_\_\_\_ Date: \_\_\_\_\_

Other Questions: \_\_\_\_\_ Time: \_\_\_\_\_

## Body Check

Ears Ringing: Left / Right / Both / None  
Head: Hot / Cold / Tingling / Pain / Heavy / None | Side: Left / Right / Both  
Arms: Hot / Cold / Tingling / Pain / Heavy / None | Side: Left / Right / Both  
Hands: Hot / Cold / Tingling / Pain / Heavy / None | Side: Left / Right / Both  
Legs: Hot / Cold / Tingling / Pain / Heavy / None | Side: Left / Right / Both  
Feet: Hot / Cold / Tingling / Pain / Heavy / None | Side: Left / Right / Both  
Chest: Hot / Cold / Tingling / Pain / Heavy / None | Side: Left / Right / Both  
Abdomen: Hot / Cold / Tingling / Pain / Heavy / None | Side: Left / Right / Both

Numbers: \_\_\_\_\_  
Names: \_\_\_\_\_  
Places: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## I Am

Smelling: \_\_\_\_\_  
Tasting: \_\_\_\_\_  
Hearing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## I Am Seeing:

Colors: \_\_\_\_\_  
Symbols: \_\_\_\_\_  
Shapes: \_\_\_\_\_  
People: \_\_\_\_\_  
Images: \_\_\_\_\_

## Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

## Drawing Area

