## Envision Self-Healing Coaching Call Template

Feel free to use all, some or add more to the template when sending us a question. You can either fill out the template and send it to us, copy and paste it into an email or simply use it as a reference to construct your questions.

You can find a guidance and example sheet on the preceding pages to help.

**Diagnosed Condition(s)**:

**Symptom(s)**:

**Age when diagnosed**:

**Age now**:

**Glasses prescription**:

**Occupation**:

**Lifestyle**:

**I have been doing eye exercises for**:

**My vision improvement goal this year is**:

**Additional information**:

**Question**:

## Envision Self-Healing Coaching Call Template Guidance Sheet

**Diagnosed Condition(s)**:

The name of one or several conditions that your eye doctor says you have. We always recommend you see an ophthalmologist, but many times you might experience something with your vision that the doctors say is not there. In this case use the symptoms section to describe what you are experiencing.

**Symptom(s):**

Be as descriptive as possible. Write what you experience with your condition

**Age when diagnosed:**

The age you were diagnosed with the condition. More often than not individuals experience the symptoms of their condition before they are diagnosed. If so, please provide the age you first noticed the symptoms. If you have not officially been diagnosed with anything please tell us the age you first experienced the symptoms.

**Age now:**

Current age in years (don’t worry its our secret!).

**Glasses prescription:**

We encourage everyone to know their glasses prescription. If you don’t know what your prescription is, please contact your optometrist or optician and ask. As a client you are entitled to this information. If they have an issue providing you with this information, we recommend finding a new eye doctor.

**Occupation:**

Knowing your occupation gives us an insight into how your vision is being used on a daily basis. It can also help us identify the origin of certain conditions.

**Lifestyle:**

Choose a heading from both column A and B that describes your average week:

|  |  |
| --- | --- |
| **Column A** | **Column B** |
| **Very Active -** I spend a vast majority of my day actively moving and I perform at least 30 minutes of light exercise (walking, hiking, gardening, housework etc) 6-7 times a week. Plus I exercise to raise my heart rate to 65-80% of my maximum heart rate twice or more a week (maximum heart rate is 220 minus your age for men and 226 minus your age for women).  | **Very Healthy -**I am conscious about what I eat (75% of my diet is fruits, vegetables, nuts and seeds). |
| **Moderately Active -** I am actively moving 50% of my day and inactive for 50% and I perform 30 minutes of light exercises 4-5 times a week. I exercise to raise my heart rate to 65-80% of my maximum heart rate once a week. | **Moderately Healthy-**I make the healthy choice on most occasions (50% of my diet is fruits vegetables, nuts and seeds).  |
| **Inactive -** I perform 30 minutes of light exercise 0-3 times a week and I rarely raise my heart rate above resting.  | **Unhealthy -**Unconscious about what I eat (less than 25% of my diet would consist of fruit, vegetables, seeds and nuts).  |

**I have been doing eye exercises for:**

This is the length of time you have been doing eye exercise. This could be in weeks, days months or years.

Next to this time period please put how often you are doing the exercises.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Daily basis | Half of the week | Once a week  | Once a month | I read a book once |

**My vision improvement goal this year is:**

This is something you want to achieve by the end of the year. Make sure it is Specific, Measurable, Achievable, Realistic and Timely.

If you have not taken the time to write out a goal yet then write:

 “I don’t have one but i would like to achieve...

**Additional information:**

Use this section to inform us of anything you think we should know that could help us answer your question better.

**Question:**

Write your question here. Try to be as descriptive as possible. For example, instead of saying

“my vision is blurry how can i help it?’

you would say. . .

“If I have not been wearing my glasses for an hour or so and I perform the distance looking eye exercises for 10 minutes, then when I look back at the book that i am reading the letters on the page are blurry and I have to strain my eyes to make them clear again.”

## Envision Self-Healing Coaching Call Template Example Sheet

**Name**: Josephine Blogs

**Diagnosed Condition(s)**: Myopia, Retinitis Pigmentosa (RP)

**Symptom(s):** Objects seem blurry in distance, difficulty seeing in the dark, lack of peripheral vision, eye strain, tired eyes

**Age when diagnosed:** Myopia 5 yrs, RP 15 yrs

**Age now:** 42

**Glasses prescription:** Left -2.50, Right -1.50

**Occupation**: Office worker

**Lifestyle**: Very Active/ Unhealthy

**I have been doing eye exercises for:** 2 yrs, half of the week

**My vision improvement goal this year is:** drop my prescription by -1 diopters

**Additional information:**

Since doing the eye exercises I have noticed slow steady improvement in both blurry vision at far and in my periphery. I still find it difficult to see in the dark. I am pretty good at doing my exercises, but sometimes I go a week or two without doing any. My biggest challenge is busy crowded places, but I am getting better at functioning in this environment.

**Question:**

When I do the peripheral vision exercise I can’t really see my hands when I wave them out to the far side. Should I still do this even though I can’t see them?

Also, I have noticed when I’m on the computer for about 2 hours that I start feeling a dull ache in my left eye. If I keep working it turns into a headache. Do you think this is related to the RP? If so, is there anything I can do to help?