

Intake Form

PERSONAL DETAILS:

Surname: _____ First name: _____

Preferred name: _____ Date of Birth/Age: _____

Address: _____

Relationship Status: _____ Occupation: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

HEALTH:

Doctor's name and address: _____

Date of last check up: _____

Medications being taken: _____

HEALTH PROBLEMS: (past & current):

FROM THE LIST BELOW CIRCLE/TICK YOUR AREAS OF CONCERN:

Addictions Drinking Smoking Drugs Gambling Compulsive Behaviour	Anxieties Stress Fears Phobias Panic Attacks Guilt Relaxation	Eating Problems Food /Diet Weight Problems Anorexia Bulimias Exercise	Depression Confidence Self Esteem Motivation Achieving Goals Procrastination
Career Issues Interview Skills Nerves Public Speaking Concentration Exams Memory Driving Skills	Sexual Problems Fertility IVF Conception Pregnancy Birth	Pain Control Hearing Sight/ Vision Mobility Skin Problems Hair Growth	Relationships Childhood Problems Sleep Problems Other

If you circled 'Other', please list areas of concern below

Please describe the main issue you would like to work on during the session

How does the issue impact your life and what symptoms do you experience (emotionally/physically)?

When did the issue start and was there anything significant happening in your life around that same time?

What have you done in the past or doing currently to help with this issue?

How would you describe your relationship with your parents & siblings, both past and present? Please

provide descriptions below

How would you describe your childhood? E.g., Happy? Sad? Difficult? Please explain

What do you consider to be good in your life? What makes you happy/feel excited/feel proud?

If I could wave a magic wand and give you your ultimate outcome for this session, what that be? Be specific!

What would that ultimate outcome look like, feel like and hear like to you? I will be making you a personalised recording to listen to everyday for the next 21 days. This will help rewire positive new beliefs about your life. What would you like to hear/need to hear? Be specific ☺

If you could rate your issue from 1 - 10, 1 being not too bad and 10 being really bad, what number would you rate it?