# APPENDIX: FULL INTAKE FORM ~ DirectWisdom.uk

**PERSONAL DETAILS:**

Surname: Forename:

Preferred name:

## Age: Date of birth:

Address:

## Relationship status: Occupation: Email address: Telephone:

**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 | Anxiety Stress Fears Phobias  Panic Attacks Guilt Relaxation | Eating Problems Food/Diet Weight Problems Anorexia  Bulimia 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 |

# Pre-SESSION NOTES

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| --- | --- |
| **INTAKE** | **NOTES** |
| **PP** PRESENTING PROBLEM |  |
| **STH**  SYMPTOMS/ TRIGGERS/HABITS |  |
| **CH**  CHILDHOOD |  |
| **WYW**  WHAT DO YOU WANT? |  |
| **LWTP**  LIFE WITHOUT THE PROBLEM |  |