



TAP INTO HEALTH

EMOTIONAL FREEDOM TECHNIQUES

CLIENT INTAKE QUESTIONNAIRE

Name:

Age:

Birthdate:

Place of Birth:

Marital status: how long married, spouse's name

If not married but in a relationship: how long and partner's name

Past marriages: when? how long? reason for dissolution

Children: How many, ages, sex

Education background: amount of schooling, degrees, licenses, areas of interest

Career: Present job, other previous work

Hobbies and interests:

FAMILY BACKGROUND

Are your parents still married? If so for how long?



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If divorced, how old were you when it happened?

If parent or parents are deceased, when and what did they die of?

Were either parent married before or after their marriage to each other?

How many children did you parents have together? Did they have other children

Names and ages of your siblings.

How would you describe your parents' relationship?

What kind of person is your Father? (or whatever male brought you up)

What kind of person is your Mother? (or whatever female brought you up)

**When growing up how did you get along with your Father? with your Mother?
With step parents?**

How did you get along with your siblings when growing up?



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Relationship with siblings today?

Did you have a religious upbringing? What denomination and how observant were you?

How would you describe your spirituality today?

HEALTH

Have you had any major accidents? What kind and when?

Major illnesses: please describe

Surgeries? When and for what?

Allergies?

Emotional problems?

Previous psychotherapy: for what problems? Type of therapy? How long?

Do you take any medications today?



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Have you had any problems with drugs, alcohol, food, spending, sex, cigarettes, etc? Describe

VERY EARLY HISTORY

What was your parents' relationship like when you were conceived?

Were you wanted, planned, unplanned?

What was Mom's pregnancy like?

What were you told about your birth?

Any complications for mother or baby?

Is there anything about your birth that is still an issue for you today?

OTHER

Are there any traumatic events that are still affecting your life today?

Is there anything else you want me to know about you?

What are the 3 most important goals you want to deal with during coaching?