Irena Begelfor
Mobile 0403947836
Life Coaching I Hypnotherapy

General Information

I would appreciate your taking the time to complete this questionnaire. It will help me to determine your child's treatment programs. All of the questions are optional, but please answer as many as you can.

1. Child's Name_____

   Preferred Name or nickname_____

   Any special pronunciation_____

2. With whom does your child live? _____
3. Mother's Name_____

   Address_____

4. Father's Name_____

   Address _____

5. Child's Age____ Birth Date__/__/____

6. Name and Age of siblings:

   Brothers_____

   Sisters_____

7. How do you rate your child's health? _____
8. What foods does your child like? _____
9. What foods does your child dislike?
   _____
10. How many hours of sleep per night does your child need? _____
11. How does your child act when afraid? _____

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12. What are your child's strengths? What is he or she good at? _____

_____

13. What are your child's favorite activities? _____

_____

14. How do you believe your child learns best? By watching? By reading? By listening? Some other way? _____

15. What tasks does your child like to do at home? _____

_____

17. What tasks does your child not like to do at home? _____

_____

16. Does your child spend money immediately or save it? _____

17. What are your child's weaknesses? _____

18. What are your child's fears? _____

19. Is there anything your child is trying to accomplish right now that he or she feels is very important? _____

_____

20. In general, how do you think your child feels about him- or herself? _____

_____

21. In general, how do you feel about your child? _____

_____

22. What is your dream for your child? _____

_____

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Please add anything additional you would like me to know in order to best help you and your child.

_____

_____

_____

_____

_____

_____ _____

Signature of person completing this form Date

_____