All information is strictly confidential. Please answer the following questions below we can discuss this further prior to the session.

INTAKE FORM: Surname: Forename:

Preferred name: Age: Date of Birth:

Address:

Relationship Status: Occupation:

Email address: Telephone number:

HEALTH:

Doctor's name and address:

Date of last check up:

Medications being taken:

HEALTH PROBLEMS: (past & current)

FROM THE LIST BELOW CIRCLE/TICK/HIGHLIGHT 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 ☐ Learning problems ☐

WHAT WOULD YOU LIKE TO WORK ON AND ACHIEVE FROM THIS SESSION:

On the scale of 1-10. (1 being the lowest and 10 the highest) How committed are you to this change? Please Indicate below:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Continued Over/

All information is strictly confidential. Please answer the following questions below. We are able to discuss any information/ queries further prior to the session.

INTAKE	Tell me a little about yourself…..
Brief description of what you would like to work on in your session	
When do you find your feelings/ issues are triggered the most and why? How do they manifest emotionally/ physically?	
Brief outline of family dynamics as a child and current situation	
If I could wave a magic wand right now what would you like to achieve?	
Imagine the wand has been waved – how would your life look without your current issue – tell me what Your life without the problem would look like. Be as descriptive as you can.	