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.**	