

Your Body Electrician

Client Intake Form

Email: yourbodyelectrician@outlook.com

Website: www.yourbodyelectrician.com

If you have any questions about this intake form, please don't hesitate to email me.

About this Intake Form

Your answers on this form will help me support you as best as possible. Put as much or as little information as you feel able to but please be aware that as a minimum, all the personal details need to be completed before your first session.

Filling It In and Returning It

Electronic Completion: Where possible please complete this questionnaire electronically either in a pdf. editor or via Microsoft Word and return it via email.

Printing and Completing: If you can't fill it in electronically, please print it, fill it in and ideally scan it and email it back to me. Alternatively take a good quality photograph, save it as jpeg. files and return it via email.

Returning It: Please be aware that although my email client (Microsoft) protects emails using industry-standard transport encryption, I cannot guarantee the safety of data being sent over email. A helpful way to provide extra protection if you are concerned is by password protecting it before you return it by email. If you wish to do this, please contact me so we can agree on a method outside of email in order for you to share the password (for example by SMS). Within 3 days of receiving your form, I will upload the information onto my cloud-based notes system and delete it from my email inbox.

Personal Details

Full Name	
Address	
Date of Birth	
Email Address	
Telephone Number (incl. country code)	
General Practitioner (GP) : Name and Address	
Next of Kin Name and Telephone Number	

Reason for Seeking Support and Goals of Our Work

What is/are your reasons for seeking support?

Have you consulted a medical doctor or other healthcare professional about this issue? If so, what was the outcome?

What are you hoping to get out of our work together?

Medical History

Are you taking any medication? If so please provide details on the medication, dosage and what they are prescribed for.

Medication	Dosage	Reason for Prescription

Have you ever received any form of psychiatric or psychological treatment? If so please include what treatment you received, what symptoms it was for and when you received it

Have you ever attempted suicide?

Do you currently have or have ever had have any mental health diagnoses? If so please include what diagnoses and year of diagnosis.

Do you have any other medical diagnoses? If so please include diagnoses and year of diagnosis.

Your Symptoms

Do you currently have any symptoms? If so please score them on a scale of 1-10/10 where 1/10 is not bad and 10/10 is very bad. Please also add a rough date of when each symptom started and if you notice any pattern to them. If you have more symptoms than there is space below please feel free to put them on another piece of paper.

Symptom	Score 1-10/10	Date Symptom Began	Symptom Details
	/10		
	/10		
	/10		
	/10		
	/10		

Have These Symptoms Been Fully Investigated By A Medical Doctor? If so what was the outcome? If not, why not?

Mind-Body Issues

Please tick any that apply

Addictions	
Panic Attacks	
Intrusive Thoughts	
Anxiety	
Depression	
Fluctuating Mood	
Phobias	
Stress	
Difficulty Sleeping	

Self-Harm	
Suicidal Thoughts / Feelings	
Concentration Problems	
Challenges around Sex	
Childhood Trauma	
Trauma in Adulthood	
Problems with Anger	
Grief / Loss	
Emotional Numbing	

Excessive Sleeping		Low Confidence	
Physical Pain		Unwanted Habits	
Existing Physical Injuries		Relationship Issues	
Disordered Eating		Spiritual Issues	

Considerations for Hypnotherapy and EFT

Please circle the relevant answer:

Do you suffer from or have you ever suffered from epilepsy? Yes / No

Do you suffer from asthma? Yes / No

Do you suffer from diabetes? Yes / No

Are you or could you be pregnant Yes / No / Not Applicable

Final Questions and Consent to Sessions

Do you have any other problem not listed above?

Do you have any other information that you would like to add?

Would you like to receive automated session reminders via WhatsApp Yes / No

Please sign and return this Intake Form along with a completed copy of the Client Contract and the Privacy Policy in order to consent to services. Please keep a copy of all three documents for your reference and note that you can withdraw your consent at any time.

Printed Name and your Signature:

Today's Date:
