Patient Initial Questionnaire Date

Please give as much detail as possible using separate sheets of paper if you need to. Please complete it and bring it with you to your Initial Consultation or you can email it or fax it back to me before our consultation. Many thanks and I look forward to working with you.

Surname;_____

Forenames:_____

Full name as it is on your birth certificate_____

Any other change of name_____

Address:……

……

……

Post Code:……

Daytime telephone no:……

Mobile:……

Email:……

Date of birth:……

Place of birth:……

Occupation:……

Religion/Belief:……

Marital Status:……

Number of Children……

Doctors Name:……

Dr'sAddress:……

……

Therapies that you are interested in: (please circle)

Individual Soul Contract Reading

Relationship Soul Contract Reading

Transformation Coaching

Emotional Therapy

Divine Master Key Healing

Hypnotherapy

Regression and Past Life Therapy

Reiki

Reflexology

Current Picture

What are your current picture/challenges/ problem?

What have you done about it so far?

What emotions do you have associated to this issue?

What patterns have you noticed occurring in your life so far?

What physical ailments aches pains or things you have noticed starting with your head. (E.g. headaches neck pain vision problems hard to get breathe up)

What do you think your body is saying to you by having things this way?

What do you think you would have to believe about yourself in order to experience your life this way? e.g. (What do you tell yourself?)

What would you like to achieve?

What are your dreams/ambitions?

How are your- Motivation and Creativity? Low average good excellent

How are your - Concentration and short term memory?

How are your- Energy levels?

Do you have a best and worst time of day?

How do you sleep?

Do you wake in the night at a particular time and if so for how long?

Do you remember your dreams? If so do you have any recurring dreams or have you had any significant dreams?

How do you feel when you wake up?

Who lives with you at home?

Medication history:

Current medication:

Allergies:

Medical History:

How old was your Mother at your birth?

How was her health in pregnancy with you?

Are you the first born?

If not what are the age gaps between you and your siblings?

Details of Your birth

Breastfed: Duration breastfed for:

Childhood illnesses

List Vaccinations you have had

Please describe your relationship with your Mother
1. as a child

2. Now

Please describe your relationship with your Father
1. as a child

2. Now

Childhood circumstances/experience
Write a short life history (your earliest memories) including any events that were significant to you both positive and negative. Include your relationships that you have with your family of origin and how you experienced them as you were growing up. (Mum dad brothers sisters etc)

Significant Accidents/illnesses/traumas

Past surgical history:

If female:-
Number of pregnancies and what were they like:

Number of children:

Periods *(if you no longer have periods, please complete for when you did)*
How regular is/was your cycle?

Any pain?

Is the flow heavy?

What age were you when you started/finished?

What forms of contraception are and have you used?

Details of Parents age and health, if passed away please give details:

Mother

Father

Details of Grandparents age and health, if passed away please give details:

Mothers Mother

Father

Fathers Mother

Father

Lifestyle:

How much exercise do you take and in what form;

How much alcohol do you drink each week?
Do you drink alcohol every day?

Do you smoke cigarettes?
Since what age?
If you have given up, how long did you smoke for?

Do you take recreational drugs?

Have you taken them in the past?

How much time do you take for relaxation and in what form?

What is your happiest memory?

Do you suffer from tiredness or fatigue? Since when?

How would you describe your sexual energy e.g. low average good high

What are the main stresses in your life and how do they affect you? (How do you know you are stressed?)

What are your main interests, hobbies and pastimes?

Please list any remedies that you have taken in the last 9 months as best you can remember.

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