

A New Chapter Holistic Counselling

Lifestyle Questionnaire

First Name: _____

Last Name: _____

Address: _____

Email: _____

Phone: _____

Mobile Phone: _____

Date of Birth: ____ / ____ / ____

Occupation: _____

Blood Type: _____

Gender Identity: _____

Marital Status: _____

Number of Children: _____

How did you find out about my services?

- Internet Search This Website Natural Therapy Pages Friends / Family Other

If a friend referred you, please let me know so that I can thank them personally:

Emergency Contact: _____

Emergency Phone: _____

Prescribed Medication: _____

General Health History (list any allergies and major physical, emotional or mental illnesses and when they occurred):

Are you having or have you ever had suicidal thoughts?:

Have you had previous Counselling and/or Energy Healing? If so, when?:

Provide any relevant information about your about current primary relationship:

Any losses, bereavements, accidents or significant life events:

Are you currently experiencing any of the following? (Tick for yes)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Sleep disturbances |
| <input type="checkbox"/> Physical Complaints | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Body image issue |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Alcohol or substance abuse | | |

Other Information

Do you exercise regularly? (Please describe):

Do you practice yoga, mindfulness or meditation?

What effective coping strategies do you use?

What are your main concerns at the moment?

What are your goals or expectations from therapy?

Modalities that I [the client] consent to receive are: *Please tick all that are applicable

- Holistic Counselling Techniques Reiki Healing Energy Healing
 Sacred Esoteric Healing Tapping

Terms & Conditions

- Refunds will not be accepted for services as you are charged for my time. If you have any complaints please contact me directly so that resolution may be sought through discussion.
- Cancellations without 24 hour notice unless there are extenuating circumstances will be charged at rate of session booked.
- Persons must be 18 years or older to access services both readings and counselling.
- A New Chapter Holistic Counselling does not claim to cure/heal/or treat any medical conditions including severe psychiatric conditions.
- A New Chapter Holistic Counselling reserves the right to refuse or cancel sessions and refer to other suitable practitioners.
- A New Chapter Holistic Counselling will not be held liable for the expectations or outcomes of the service.
- Any client records shall be stored securely.
- All sessions are strictly confidential.
- Counselling sessions shall not be recorded .

Disclaimer

- I agree A new Chapter Holistic Counselling will not be held accountable for any decisions or actions you take as a result of accessing reading or counselling services.

Signature: _____

Date: ____ / _____ / _____