Wellmindedness

SHORT INTAKE FORM

DATE

NAME

DOB

MALE/FEMALE

EMAIL

PHONE / MOBILE

REFERRED BY

HAVE YOU HAD ANY COMPLEMENTARY THERAPY TREATMENTS BEFORE?

DO YOU HAVE ANY HOBBIES?

WHO/WHAT INSPIRES YOU IN YOUR LIFE?

HOW OFTEN DO YOU LAUGH?

IS SADNESS YOUR COMPANION?

Reasons for seeking treatment

What areas of your life would you like to work with,?
i.e. overcoming health/physical/ mental/emotional/spiritual issues,
or setting and accomplishing goals etc?

kkkkk

If your condition had a message for you,
what would it be?

Expectations and Goals out of treatment
(positive statements)

Anything else I should know...