INTAKE FORM

PERSONAL DETAILS:

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

WHAT SPECIFICALLY WOULD YOU LIKE TO WORK ON TODAY?_____

IF I HAD A MAGIC WAND AND COULD GRANT YOU ONE WISH DURING YOUR SESSION WHAT WOULD THAT BE? (Be as specific as possible so that we can make sure we give your mind the exact words it needs to hear) _____

_____

_____

SESSION NOTES

INTAKE	NOTES
PP Presenting Problem	
STH Symptoms/Triggers/Habits	
CH Childhood	
WYW/Magic Wand What You Want/Magic Wand	
LWP Life Without the Problem	
WTH? What is it that you need and want to hear in the transformation? I want you to excite your brain, who are you becoming?	

SESSION NOTES PLAN

Scene 1	**Reframe Checklist**
Scene 2	
Scene 3	
LH/RH (Link back to Presenting Issue)	**Language for Transformation**
R_____because **_____** **F_____because** **_____** **P_____because** **_____** **I_____because** **_____**	

NEXT STEPS

1st CHECK IN	IMPORTANT WORDS
2nd CHECK IN	IMPORTANT WORDS
3rd CHECK IN	IMPORTANT WORDS
21 DAY FOLLOW UP SESSION	IMPORTANT WORDS

OUTCOMES

Outcomes Measure to be completed at Day 1 and at Day 21	Day 1	Day 21
Scale of 0 – 10 (o = Strongly Disagree, 10 = Strongly Agree)		
1.	☐	☐
2.	☐	☐
3.	☐	☐
4.	☐	☐
5.	☐	☐
6.	☐	☐
7.	☐	☐