



Intake Form

Name _____ Date _____

Address _____

Phone _____ Cell _____

E-mail _____

Date of Birth _____

How did you hear of Anew Perspective? Website or directory: _____

___ Google

___ Yelp

___ Directory, which one? _____

___ News Paper, which one? _____

Referred by: _____

MEDICAL

Are you currently under a doctor's supervision for physical or mental care, if so whom and for what? _____

Are you currently taking any medication, or vitamins? If so, what type and for what purpose? _____

Do you have epilepsy? _____

HEALTH

Do you exercise? If so what exercise and how often? _____

Do you drink water, if you how much? _____

Do you smoke? If yes, how much do you smoke, what brand, how old were you when you started, when and where do you have your 1st cigarette?

Do you have any weight issues? If yes, how old were you when you started, what was going on in your life at that time, and why do you have a weight issue?

What type of service are you interested in:

NLP Change work

Hypnosis

Rapid Eye Technology

Life Coaching

Spiritual Counseling

Flower Essence Session

Any/All the above

Have you ever had any of the above services, if so which ones and what was your experience?

PERSONAL

Are you currently employed, if so where and what is your career title?

How do you feel about your profession?_____

What would be your dream profession?_____

Are you single/married/divorced/committed relationship?_____

If in a current relationship please describe it, if not what has been your biggest challenges in the past? _____

Do you have children, if so how many and what ages and are they still at home?

Were you adopted, if so at what age and describe your childhood?_____

Have you ever been sexually molested or abused? If so what age?_____

Are you under emotional or physical stress, if so what is the stress and how are you coping? _____

What are the most difficult situations for you where you are at your weakest point?

Do you consider yourself Spiritual or Religious, if so please describe your beliefs or faith. _____

What are your hobbies? _____

GOALS

What are you here to work on and what is your goal? _____

How will this change your life? _____

Describe a magical place were you would feel completely safe and relaxed, such as:

the beach , a forest, a hot springs, floating in beautiful puffy clouds etc. use your imagination:_____

Describe something you did or accomplished that made you feel pleased or proud of yourself. *Such as: the moment you got an A on a test, returning something you found or winning an award etc.*

Are you ready to create a healthy, happy, and empowered life? _____

On a scale of 1-10, 1 being the lowest and 10 being the highest:

How strong is your desire to achieve this goal? _____

Congratulations you are on your way!