



**Intake Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

We appreciate your feedback. How did you hear of Anew Perspective or Robin Hart?

Referred by: \_\_\_\_\_

\_\_\_ Google

\_\_\_ Yelp

\_\_\_ Directory, which one? \_\_\_\_\_

What was your search topic? \_\_\_\_\_

**MEDICAL**

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

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

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Do you have epilepsy? \_\_\_\_\_

**HEALTH**

Do you exercise? If so what exercise and how often? \_\_\_\_\_

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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?

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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?

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What type of service are you interested in:

NLP Change work

Hypnosis

Rapid Eye Technology

Life Coaching

Spiritual Counseling

Flower Essence Session

Reiki Treatment

Any/All the above

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

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**PERSONAL**

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

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How do you feel about your profession?\_\_\_\_\_

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What would be your dream profession?\_\_\_\_\_

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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? \_\_\_\_\_

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

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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? \_\_\_\_\_

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

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

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**GOALS**

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

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How will this change your life? \_\_\_\_\_

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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: \_\_\_\_\_

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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.*

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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!***