# Helena FoneMindful EFT Therapist

## CONSULTATION QUESTIONNAIRE - STRICTLY CONFIDENTIAL

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| --- | --- | --- | --- |
| Full name |  | Date of Birth |  |
| Address |  | Marital status |  |
| Email |  | Occupation |  |
| Tel No |  | Mobile No |  |

**Please provide your Doctor’s/Psychiatrist’s Name and contact details**

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| --- |
|  |
| **Has your Doctor/Psychiatrist referred you to me? Yes/No** |

Thank you for taking your time to answer each of the questions below:

1. As a child, did you experience any negative events…..parents’ divorce, abandonment, bullying at school, emotional, sexual or physical abuse, neglect, favouring sibling, lack of affection, bereavement, accident, moving country? If so, please write a very brief description below

2. As an adult have you ever suffered a significant personal loss (relative, home, marriage, business etc) or other trauma (car accident, abuse, life threatening incident etc…) Please include dates if you can

3. Please describe briefly why you are seeking help

4. What you expect from therapy?

5. Have you ever had therapy or psychiatric help? Yes/No

If Yes….

1. what was the diagnosis?

b) How long were you in therapy for and how did that therapy help you?

1. Do you have any special needs, disabilities, severe phobias or allergies that I need to be aware of?

7. Please list any physical problems you’re experiencing now and when they began ( low blood pressure, angina, bad back, etc)

8. Please list any medication (prescribed and non-prescribed) that you’re taking and dosage. What are the side effects?

9. How did you hear about me?

Please use this space to write about anything else that may be very important for me to know :-

Thank you for completing this form which is very beneficial for us both.



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By signing this form I agree to paying a €/£15 loss of earnings fee if I don’t give at least 24hrs notice before cancelling an appointment.

Accept? Yes/No Date: