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| AISD_logo62kPlease complete, save and email your completed form to russell@SelfDevelopment.com.au |
|  |
| Name:  |  | Date: |  |
|  |
| Address: |  | Post code: |  |
|  |
| E-mail: | Skype Name: |
|  |
| Home Ph:  |  | Work Ph: |  | Mobile: |  |
|  |
| Age:  |  | Date of Birth: |  | Occupation: |  |
|  |
| Company:  |  |
| How did you discover our practice and the services we offer?.......................................................................................................Do you have any current health concerns?  |
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| Please list any operations you have had: |  |
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| Please note the emotional/mental stresses you have experienced: loss of loved ones, major changes, Abuse, legal or financial concerns, move of home/school, separation, divorce, other: |
|  |
| What areas of your life would you like to improve? Relationships, Work, Health, Pain, Finances, or other, please specify: |
|  |
| Are you presently, or have been under the treatment or a Psychiatrist, Psychologist or Doctor? Yes…. / No… If Yes for what condition?…………………………………………………………………………………………………....................................What medications, remedies or supplements do you take and for what condition or illness do you take them?  |
|  |
| What emotions would you like to address? e.g. anger, resentment, fear, sadness, hurts, grief, guilt, jealousy, loss, disappointment, stress or other, please. Specify: |
|  |
|  |
| What are your religious / spiritual beliefs? ......................................................................................................................................................................................................What is the result that you would like to get from these consultations?...................................................................................................………………………………………………………What would motivate you to encourage others to benefit from our services? ......................................................................................... ………………………………………………………………………………. |
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| --- | --- | --- | --- |
| Desired Outcome (Goal) | How I will feel when I have it.  | Emotion | How I feel now without it. |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

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| Summary of significant events. Just a short 3 -6 word title for each event not a description or story |
| Ages 0---7  |
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| Ages 8---14 |
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| Ages 15---21  |
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