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| AISD_logo62kPlease complete, save and email your completed form to russell@SelfDevelopment.com.au | | | | | | | | | | | | | | | | | | | | |
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| Name: | | | |  | | | | | | | | | | Date: | |  | | | | |
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| Address: | | | | |  | | | | | | | | | | | | Post code: |  | | | |
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| E-mail: | | | | | Skype Name: | | | | | | | | | | | | | | | |
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| Home Ph: | | | | | |  | | | Work Ph: | |  | | Mobile: | |  | | | |
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| 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: | | | | | | | | | |  | | | | | | | | | | |
|
| 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: | | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | | | | | | | |
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| 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? ......................................................................................... ………………………………………………………………………………. | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Desired Outcome (Goal) | How I will feel when I have it. | Emotion | How I feel now without it. | | **1** |  |  |  | | **2** |  |  |  | | **3** |  |  |  | | **4** |  |  |  | | | | | | | | | | | | | | | | | | |
| 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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