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|  | Client Questionnaire  Emotional Freedom techniques (EFT),  Francesca Rogers, Telegraph Hill, London  07773 399901, francesca@francescarogers.co.uk |  |

Please fill in the following as best as you can. If you don’t know an answer put a “?”.

Name: Date:

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| Address: | Referred by: |
|  | Gender: |
|  | Age: |
| Tel H: | Date of Birth: |
| Tel W: | Place of Birth: |
| Mobile: |  |
| Email: |  |
|  | Nationality: |
| Occupation: |  |
|  | Religion: |
| GP Name: |  |
| Address: | Allergies: |
|  |  |
| Tel: |  |

**Details of Family (include [step] parents, (ex)partner(s), children, siblings)**

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| **Name** | **His / her Relationship to me** | **Any notes (if applicable). If deceased put “deceased”** |
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**Some History**

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|  | **Brief Details** |
| Do you have any history of panic attacks? |  |
| Do you have any particularly traumatic memories you are aware of? |  |
| *If you could live your life all over again, which events or experiences would you leave out?* (Please don’t use adult logic or wisdom to discount them. If they came to mind, they count!). No details needed but please list them by using a word or sentence to describe them (enough so you know what they refer to). |  |
| Do you have any history of mental illness? |  |

**Physical Issues** (even if you want to work on emotional issues your physical issues can be linked directly into them).

How many cups of tea / coffee do you have a day?

Do you drink plenty of water (1 ½ - 2 litres per day)?

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| **Physical Issue** | **How long have you been affected by this for?** | **Current severity 0 - 10 (0 = none, 10 = severe)** |
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**Emotional / Mental Issues**

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| **Emotional / Mental Issue** | **How long have you been affected by this for?** | **Current severity 0 - 10 (0 = none, 10 = severe)** |
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What treatments have you tried for the above conditions? Which complementary therapies have you used?

**Ancestral Events**

Some events, even if they appear a long-gone and no longer upsetting part of history, can be very significant for descendents as they can be “taken on”. Please list any events that you are aware of in your ancestry (from yourself, your parents and going back into history) that could be significant, especially if this is connected with early death, rejection, shame, family secrets. Examples are:

* Early death of parent / grandparent
* Miscarriage, stillbirth, abortion, death of twin in-utero
* Murder, tragic, accidental and early death
* Sudden loss of partner / spouse
* Adoption
* Broken engagements, divorce
* War experience
* Victim / Perpetrator of crime and injustice
* Family secrets
* Individuals forced out of family / disowned

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| **Events – e.g. divorce** | **Individual(s) affected – e.g. grandfather** |
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**Elements that Affect Your Daily Experience of Peace or Wellbeing Regularly (several times a day or week)**

This refers to ***regular*** factors such as thoughts or feelings that hinder your ability to experience a peaceful and free life on a daily basis. For example a continuous feeling of feeling unsafe (which could block you from feeling ok about going out of the house), or obsessive negative thoughts (that could be dampening your spirit). Please list anything relevant in the categories below:

1. **Common Negative Emotions or Feelings Present?** If so which ones are the main feelings present? E.g. depression, anger, self-hate.
2. **Common / Obsessive Negative Thoughts?** If so, please give one or two examples. E.g. “*I can’t get anything right*”, “*I’m bad*”, “*The world is against me*”.
3. **Thoughts of the Past?** If so, which upsetting memories come to consciousness regularly, or which negative past events come regularly to your mind? Just a keyword or phrase to refer to it is sufficient. E.g “*The time I let my best friend down*” or “*all the times I failed*”.
4. **Fear of the Future?** If so, give some typically fears that arise often. E.g. “*I will run out of money*”, “*I will never have a child*”, “*I will die*”.

**Intentions / Goals for Treatment**

List the goals you would like to achieve as an outcome to your treatment. If not obvious, how will you know it has been achieved?

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| **Goals / Intentions** | **How will You Know it has been reached?** |
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