



eternal bliss

HOLISTIC HEALTH

Holistic Counselling Intake Form

Name: _____

Date of birth: _____ Date of visit: _____

Phone: _____ Email: _____

Address: _____

Emergency Contact: _____ Emergency Phone: _____

Relationship: _____ Referring Person: _____

Occupation: _____

The following information will be used to help plan safe and effective holistic counselling sessions. Answer the questions to the best of your knowledge

Have you ever had holistic counselling before Yes No

If yes how often do you have sessions _____

If yes please briefly describe the desired outcome you hoped for from your previous holistic counselling sessions and what your actual experience was

Do you have any special needs or take any medication? Yes No

If yes please explain _____

How did you hear about Eternal Bliss Holistic Counselling Services	Website	Flyer/brochure
	Word of Mouth	Other (please specify)

What is your goal for today's holistic counselling session?

List any concerns you may have?

What are your expectations from the sessions?

Have you had any previous counselling? Yes No

If yes what was your experience like? Excellent Fair Poor

Do you suffer from the following? (Please circle)

Depression Anxiety Insomnia Irritability

Stress Phobias

Other: _____

Do you experience stress in your work, family, or other aspect of your life? Yes No

If yes, how do you think it has affected your health? (Please circle all that apply)

Muscle tension Anxiety Insomnia Irritability

Headaches/migraine

Other: _____

Are you currently under medical supervision? Yes No

If yes, please explain _____

Is there anything else about your health history that you think would be useful for your Holistic Counselling therapist to know in order to plan a safe and effective holistic counselling session for you?

Disclaimer

The provision of Holistic Counselling is intended as a tool to assist clients towards their own ultimate goals. It does in no way replace or is a substitute for professional medical or psychological assistance. Clients who have a medical or psychological disorder or illness must seek professional medical advice. This responsibility falls with the client to disclose and not the Holistic Counsellor to diagnose.

The role of the Holistic Counsellor is to assist the client to bring balance into their whole lives and ensure the client is in touch with their own needs on a holistic level - typically the mind, body and spirit. No assumption of responsibility is made or taken through the provision of Holistic Counselling.

All information supplied by the client is confidential and the client may request to view their own personal information, stored in the Holistic Counsellor's records. Information will not be given to third parties in relation to the client or the client's personal details without the permission of the client, unless the Holistic Counsellor deems the client, or any other person associated with the client, to be in a serious or life threatening, situation in which case the Holistic Counsellor is duty bound to report the perceived danger to the appropriate authorities. Such incidences may include suicidal tendencies or physical, mental or emotional abuse being committed on or by the client.

I, _____
have read and clearly understand the above Holistic Counselling conditions.

Signature of client _____ Date: _____

Signature of Holistic Counselling Therapist _____ Date: _____

Signature of parent _____ Date: _____
(If client is under the age of 18)