

Client Questionnaire and Case History

Confidential

-

Name _____ Date _____

Birth Certificate name _____

Address _____

_____ Postcode _____

Telephone No. Day _____ Evening _____ Mobile _____

Email: _____

Date of Birth _____ Age Now _____

Medical History – any operations, accidents, illnesses, medication. (Including psychiatric history)

Present health and medication.

Describe relationship with Mother – whilst growing up & how it is now.

Mother's Birth Certificate name and Date of Birth _____

Describe relationship with Father – whilst growing up & how it is now.

Father's Birth Certificate name and Date of Birth _____

Your Birth and Time in the Womb (e.g. premature, method of delivery etc.)

Have you ever taken recreational drugs? (if yes, list them all)

Have you ever abused alcohol?

Smoking Yes/No.

Have you had any major dental work?(Please detail)

Do you recall any emotional traumas? Please list.

Do you have any allergies?

Do you have any addictions/cravings?

Describe your present home and family environment.

Describe your main occupation. Are you happy in it?

Describe your diet.

Describe your level of activity and exercise.

Do you feel your sexuality is flowing or is blocked in any way. Now or in the past?

Menstrual Cycle (e.g. Regular, irregular, PMS).

Do you meditate or have a spiritual practice?

Please list in order of priority what you feel you most need help with.

I understand that healing is not a medical treatment. I also appreciate that it is my responsibility to seek medical care for any problem or illness. Tick Box

Date_____

Please email this form back to Sophie

miracletone528@gmail.com

along with payment

Either through paypal. Please use the above email address

or through bank transfer:

**Sophie Masi
Bank : Lloyds
Account number: 00357630
Sort Code: 30-99-66**