# Ruth Pringle Holistic

# [www.ruthpringle.co.uk](http://www.ruthpringle.co.uk) 07545 47 48 78

# CONFIDENTIAL CLIENT QUESTIONNAIRE

All information is kept strictly confidential except that which I am legally obliged to report, such as a threat of injury to yourself or others. Please be aware that the more you can tell me about yourself, the more I may be of assistance to you. Please complete and sign the form and return it to me (email ruthpringle03@gmail.com)

Name

Date of Birth Age

Address

Mobile Email

Name & address of GP

Next of Kin & contact number

Work status: full-time/ part-time / self-employed / at home / retired / student

Occupation if applicable

Personal Status: married, single, divorced/separated

Family members

How do you like to relax?

List any fears or phobias

What stresses you out or annoys you?

Have you experienced any major traumas?

List any current health concerns

Is a doctor treating you? Yes / No

If yes, please explain, including any medications

Have you had any illnesses or hospital stays in the last 3 years?

Do you experience any compulsive tendencies?

Are you or have you been under the care of mental health professionals?

Why are you seeking healing / therapy?

Do you follow any religious or spiritual practices?

How did you hear about me: Internet search / Website / Referral / Other, please state:

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| Are you currently experiencing any of the following? (Please highlight all that apply) |
| Selfishness | Being critical | Being judgemental | Hating other people  |
| Aggressiveness | Unhappiness | Feeling hurt | Thinking about revenge |
| Disappointment | Having negative thoughts | Talking negatively | Being self–critical |
| Feeling not happy | Fear | Worries | Self-judging |
| Having doubts | Feeling unconfident | Feeling sorry for others | Feeling sad |
| Feeling depressed | Feeling greedy | Feeling jealous | Being dishonest |
| Being manipulative | Trying to impress others | Trying to please others | Trying to be like others |
| Feeling lonely | Feeling misunderstood | Feeling unfair | Feeling being used by others |

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| --- | --- | --- | --- |
| Unable to mix with others | Feeling being different | Hating your physical body | Unable to express yourself |
| Lack of success | Low self-esteem | Co-dependency | Having no interest in life |
| Relationship problems | Abusive home situation | Abusive work situation | Alcohol abuse |
| Drug abuse | Cigarette smoking | Overeating | Under eating |
| Grief | Illness of a loved one | Psychological trauma | Physical trauma |
|  |
| Sleeplessness | Nightmares | Teeth grinding | Nail- biting |
| Lack of energy | Compulsive tendencies | Sexual dysfunction | Poor memory |
| Autism, ADD or ADHD | Inability to focus attention | Headaches | Bone aches |
| Ticks, convulsions | Chest pain | Frequent colds and infections | Breathing difficulties |
| Nose bleeds | Digestive problems | Food intolerance | Back pain |
| Neck pain | Other pains | Skin problems | Muscle pain |
| Other:  |  |  |  |

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| RELEASE STATEMENT**I hereby authorize Ruth Pringle Holistic** to help me heal myself for the purposes outlined in this intake form and for future purposes that I may request. I understand that the therapies / healing offered are not medical procedures and that no medical benefits are being offered to me. I understand that the success of my session/s depends on my desire to create change in myself. I understand that, because the results of the sessions depend on my own serious participation, Ruth Pringle cannot offer any guarantee of the success of my treatment. I am aware, however, that she will do everything reasonable in her ability to ensure my success.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please Note**: I can often re-arrange appointments if necessary but if you need to rearrange or cancel with less than 48 hours notice, I will need to charge you for your missed appointment. |