# Rain drop sepia

# Ruth Pringle BA Hons, Dip ihm, nlfm, a&p

# Hypnotherapist - Dip Hyp

# Regression Therapist – Dip RTh

# Usui Reiki Master Teacher & Seichim Master Teacher

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**Master Teacher Member of the UK Reiki Federation**

**Member of the Spiritual Regression Therapy Association**

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# CONFIDENTIAL ENROLMENT QUESTIONNAIRE

Note: All information will be kept strictly confidential except that which I am legally obliged to report, such as a threat of injury to yourself or others. If you are uncomfortable in any way with any of these questions, feel free to skip them. Please be aware that the more you can tell me about yourself, the more I may be of assistance to you. Feel free to use more paper/spacer to go into detail about any issue you wish me to know about you, or to help you with. Please complete and sign the form and return it to me.

Name

Date of Birth Age

Address

##### Town

County Postcode

Phone

Mobile

Email

What is your current occupation?

Do you enjoy your work?

Personal Status

Name of Spouse/Partner

Pick three words which describe your relationship with your spouse/partner:

1.

2.

3.

If you live alone, who do you have closest relations with? Name/relationship/ 3 words to describe:

List the most important 6 people in your life and your relationship to them (they can be both living and deceased), pick one word to describe how you feel about them:

1.

2.

3.

4.

5.

6.

Names and Ages of Children (if not listed above):

List your 2 favourite colours in order of preference:

1.

2.

 List your 2 favourite places in order of preference:

1.

2.

How do you like to relax?

What stresses you out or annoys you?

List any fears or phobias:

Do you experience any compulsive tendencies?

List any current health problems:

Is a doctor treating you? Yes No

If yes, please explain:

List any medications you are currently taking and any side effects you are experiencing:

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

List your three most important lifetime goals:

1

2.

3.

List your three favourite hobbies:

1.

2.

3.

Please list things that you would like to do better:

What is your greatest dream for yourself?

What is the emotional and psychological health of your parents (please state if they are alive or deceased)?

How is your relationship with your parents, or how was it when they were alive?

Do you follow any religious or spiritual practices or meditation?

How did you hear about me – please indicate below:

Internet search

Website

Friend or colleague referral

Newspaper

Other, please state:

|  |
| --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
| 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:  |  |  |  |

**Why are you seeking holistic therapies / hypnosis / regression therapy?** Please be as specific as you can. And please tell me if you have any previous experiences?

**Please rate your current symptoms on a scale of 1-10 with 1 being virtually no symptoms and 10 being the worst imaginable.**

**Also the frequency and duration of the problem and how it effects your life.**

If you have a specific problem please note what was happening in your life around the time it started if you know.

*E.G. I find it hard to sleep.*

*Frequency - every night,*

*Duration - I wake at 4.30 every morning and can’t get back to sleep.*

*Impact – I am exhausted at school and often sleep during lessons.*

*Severity of problem 9/10*

*Without the problem I would have lots of energy and be much happier to be involved in everything.*

1

Problem

Frequency

Duration

Impact

Severity /10

Without it I would

2

Problem

Frequency

Duration

Impact

Severity /10

Without it I would

3

Problem

Frequency

Duration

Impact

Severity /10

Without it I would

4

Problem

Frequency

Duration

Impact

Severity /10

Without it I would

(Add more if needed)

 Please list any other conditions occurring in your life that you believe are negatively affecting you in any way. Use the other side of the paper to tell me the details of your concerns, needs or fears.

# Checklist for Discovering Learning Channels

**(**Please mark the number of any item that seems like something that fits your nature**)**

## Auditory Learning Channel indicators

1. Prefers to have someone else read instructions when putting a model together.
2. Reviews for a test by reading notes aloud or by talking with others.
3. Talks aloud when working on a maths problem
4. Prefers listening to a cassette over reading the same material
5. Commits a number to memory by saying it repeatedly.
6. Uses rhyming words to remember names.
7. Plans the upcoming week by talking it through with someone.
8. Likes to stop and ask directions.
9. Prefers oral instructions from an employer.
10. Keeps up on news by listening to the radio.
11. Able to concentrate deeply on what another person is saying
12. Uses free time for talking to others.
13. Sings or plays a musical instrument well.
14. Prefers talking/listening games.

### **Visual Learning Channel Indicators**

* 1. Likes to keep written notes.
	2. Typically reads a billboard while driving.
	3. Puts a model together correctly using written directions.
	4. Follows written recipes easily when cooking.
	5. Reviews for a test by writing a summary.
	6. Writes on napkins in a restaurant.
	7. Commits a number to memory by writing it down.
	8. Can put DIY furniture together from instructions.
	9. Uses visual images to remember names.
	10. Loves to read books.
	11. Plans the upcoming week by making a list.
	12. Prefers written directions from an employer.
	13. Prefers to get a map and find own way.
	14. Prefers reading/ writing games SCRABBLE

### **Strong In Touch movement (kinaesthetic) Channel**

1. Likes to build things.
2. Uses sense of touch to put a model together
3. Can distinguish items by touch when blindfolded.
4. Learns touch system rapidly in typing.
5. Moves with music.
6. Doodles and draws on any available paper.
7. An out of doors person.
8. Moves easily; well co-ordinated
9. Spends time on crafts and handiwork.
10. Likes to feel texture of materials.
11. Prefers movement games to games where one just sits.
12. Finds it fairly easy to keep physically fit
13. One of the fastest in a group to learn a new physical skill.

Uses free time for physical activities.

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| RELEASE STATEMENT**I hereby authorize Ruth Pringle** to help me to hypnotise/heal myself for the purposes outlined in this intake form, and for future purposes that I may request. I understand that the therapies offered are not medical procedures and that no medical benefits are being offered to me. I understand that the success of my therapy depends on my ability to relax and 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. |