

QUANTUM SHIFT THERAPIES CLIENT INTAKE FORM

Please fill in all the required sections below as thoroughly as you can. The quality of your answers is a very important to your success, please be as honest and descriptive as possible. The information will provide in your intake form will be the guide to assess how RTT can work best for you.

Please return this form prior to your discovery call to quantumshifttherapies@gmail.com

PERSONAL DETAILS:

Full name:

Preferred name (this name will be used in your recording):

Gender:

Age:

Date of birth:

Phone:

Email address:

Address:

Marital status:

Occupation/Industry:

EMERGENCY CONTACT

Name:

Phone:

Relationship:

HEALTH:

Doctor's name:

Doctor's phone number:

Doctor's address:

Date of last check-up (approximately):

Any medications you are currently taken:

HEALTH PROBLEMS (past & current):

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FROM THE LIST BELOW CIRCLE/TICK /HIGHLIGHT YOUR AREAS OF CONCERN/ISSUE:

Addictions Drinking Smoking Drugs Gambling Compulsive behaviour	Anxiety Stress Fears Phobias Panic Attacks Guilt Relaxation	Eating Problems Food/Diet Weight Problems Anorexia Bulimia Exercise	Depression Confidence Self Esteem Motivation Achieving Goals Procrastination
Career Issues Interview Skills Nerves Public Speaking Concentration Exams Memory Driving Skills	Sexual Problems Fertility IVF Conception Pregnancy Birth	Pain Control Hearing Sight/Vision Mobility Skin Problems Hair Growth Health	Relationships Childhood Problems Sleep Problems
Other (if any):			

PRESENTING PROBLEM

1. What is the main problem you want to address during our session?
2. Since when have you encountered/noticed this problem and for how long has it been occurring?
3. What relevant symptom(s), habit(s) or, trigger event(s) are related to the problem?
4. How does this problem currently affect you in your daily life physically, mentally, emotionally, socially, and/or financially?

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CHILDHOOD

Briefly describe your childhood including your relationships with parents and any siblings.

TRANSFORMATION

Imagine that the presenting problem was gone forever. Describe in as much detail as you like what your perfect life would be like for you without the problem in your life ever again.

Describe what you would be DOING. *What kinds of things would you be doing in your ideal life without the problem? What are you doing in your ideal life?*

Describe what you would be SEEING. *What kinds of things would you like to see happening around you in your perfect life without the problem? What does your ideal life look like?*

Describe what you would be HEARING. *What do you hear? Are there any words that you would like to hear in your amazing life without the problem? What are people saying about you, what do you say to yourself? What are the kinds of words and phrases you want to hear spoken about you?*

If applicable, is there a smell or fragrance in your perfect life?

Describe how you FEEL. *How would you feel in your perfect life without the problem. What*

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emotions do you feel and what would you like to feel?

Describe what you're EXPERIENCING. *What do you achieve in your amazing life without the problem. What kind of things are you achieving in your ideal life that make you feel amazing.*

Describe any other wants / thoughts / feelings of anything else you need for your fabulous life.
Are there any other things you would like to mention/highlight in your life is without the problem? It can be something you do / do not do OR something happening / not happening to you.)

TRANSFORMATION RECORDING

My job is to give you what you want. If I could wave a magic wand and give you anything you wanted what would that be? What would you want to hear on your recording that fills you with joy. What would our perfect life look like? What are the words you have been waiting to hear your entire life. What kind of things are you saying to yourself for are people saying about you? (Example: words of praise, encouragement, goals, recognition, awards, or self-affirmation e.g., confident, smart, competent, beautiful, loveable, good enough etc.)

Do you have any questions regarding your upcoming session? List your question(s) below and we can discuss them during the Discovery Call.

**Please return this form prior to your discovery call with Farita
via quantumshifttherapies@gmail.com**

I LOOK FORWARD TO CHATTING WITH YOU SOON.