



HONOUR YOUR DIVINITY

TRANSFORMATIONAL HEALING THERAPIES

ERIKA BEHRINGER CC.HYP. ARTT

STRICTLY CONFIDENTIAL All information provided in this form will be treated as confidential and is protected under UK legislation.

Please note that we cannot treat patients who have been diagnosed with schizophrenia, epilepsy or psychosis.

PERSONAL DETAILS:

Full name: _____ Date of birth: _____

Email address: _____ Marital status: _____

Address: _____ Telephone: _____

Occupation: _____

HEALTH

Doctor's name & address _____

Medical history: _____

Medications being taken: _____

FROM THE LIST SELECT THE AREAS THAT CONCERN YOU

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Depression | <input type="checkbox"/> Relationships | <input type="checkbox"/> Fertility |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Exams | <input type="checkbox"/> Relaxation | <input type="checkbox"/> Bulimia |
| <input type="checkbox"/> Drinking | <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Stress | <input type="checkbox"/> Confidence |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Fears | <input type="checkbox"/> Self Esteem | <input type="checkbox"/> Anorexia |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Guilt | <input type="checkbox"/> Sleep Problems | |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Sexual Problems | <input type="checkbox"/> Weight Problems | |
| <input type="checkbox"/> Achieving Goals | <input type="checkbox"/> Memory | <input type="checkbox"/> Phobias | |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Nerves | <input type="checkbox"/> Compulsive Behaviour | |
| <input type="checkbox"/> Career | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Concentration | |
| <input type="checkbox"/> Childhood Problems | <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Public Speaking | |

OTHER AREAS YOU WOULD LIKE TO ADDRESS or anything you'd like us to know?

Signature: _____ Date: _____