



## Holistic Harmony Questionnaire:

First Name: -----

Last Name: -----

Address: -----

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Email: -----

Phone / Mobile: -----

Date of Birth: -----

Occupation: -----

Gender: -----

Marital Status: -----

Number of Children: -----

How did you find out about our services? (Circle)

**Internet Search      This Website      Friends/Family      Other**

Emergency Contact: (Relationship to you) -----

Emergency Phone: -----

Prescribed Medication: -----

General Health History: (List any allergies and major physical, emotional, or mental illnesses and when they occurred)

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Have you had previous Counselling and / or Energy Healing? If so, when?

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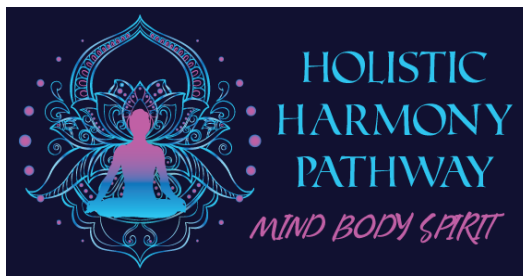
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Provide any relevant information about your current relationship:

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Any losses, bereavements, accidents, or significant life events:

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Are you currently experiencing any of the following? (Tick for yes):

- Depressed mood    Panic attacks    Eating disorder    Sleep disturbances**  
**Physical Complaints    Mood Swings    Anxiety    Body Image Issue    Stress**  
**Alcohol or Substance Abuse**

***Other Information:***

Do you exercise regularly? (Please describe):

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Do you practice yoga, mindfulness or meditation?

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What effective coping strategies do you use?

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What are your main concerns at the moment?

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What are your goals or expectations from therapy?

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Modalities that the client consents to receive are: (Please tick what is applicable)

1 Hour Holistic Counselling & Three Card Reading

1 Hour Reiki Combined with Psychotherapeutic Therapy

1 Hour Holistic Counselling & Colour Therapy

1 Hour Holistic Counselling & Gestalt Therapy

1 Hour Reiki with Crystal Healing

1 Hour Reiki Energy Healing & 5 Pendulum Questions

1 Hour Reiki Energy Healing

1 Hour Reiki Energy Healing for Pet

1 Hour Hypnotherapy for Stress, Smoking, Weightless (circle whichever is applicable)

### *Terms & Conditions:*

- Refunds will not be accepted for services as you are charged for my time. If you need to reschedule, please contact me as soon as possible to avoid any inconvenience.
- Persons must be 18 years or older to access services for counselling / healing etc....
- Holistic Harmony Pathway reserves the right to refuse or cancel sessions and refer you to other suitable practitioners.
- Holistic Harmony Pathway will not be held liable for the expectations or outcomes of the service.
- Any client records shall be stored securely.
- Counselling sessions shall not be recorded.

### *Disclaimer:*

I agree Holistic Harmony Pathway will not be held accountable for any decisions or actions I take as a result of accessing any of the healing / counselling services that they provide.

Signature:

Date: