



Confidential Reset Intake Form

Complete this form and bring to your appointment, allowing for the maximum amount of time for your session.

Name: _____ D.O.B: _____

Address: _____

City: Province: Postal Code: _____

Home#: Cell#: _____

E-mail: _____

How did you find out about this treatment?

What brings you in today?

What are your goals for this visit and when will you know you've achieved your goals?

What are the major stressors in your life?

What do you do to relax?

Have you ever received Psychiatry, Psychology or Counselling Services? Yes or no answer

Mark with an "X" all the issues you would like to work on. Circle the "X" of the most urgent issues:

Anger, Frustration or Resentment

Work Life Balance

Past Trauma or Painful Memory

Relationship Challenge(s)

Being More Effective at Work or Home

Chronic or Current Pain

Depression or Grief

Experiencing more Joy and/or Peace of Mind

Fears

Sports Performance (Golf, Tennis, etc.)

Stress/Anxiety

Self Esteem

Weight Issues

Other: _____

On the back of this form, prepare a list of all past negative or traumatic events or memories that still cause you emotional or physical pain. List each event in a few words; leaving out the story, just a simple sentence to describe the event is all that is required. The list can be in any order of timeline when they occurred. List as many as you feel are relevant for you.

Disclaimer:

I acknowledge that the techniques used in the sessions are designed to work in conjunction with a balanced personal wellness programme as well as professional medical guidance and supervision. The practitioner has no training in psychology or psychotherapy. The techniques used are meant as personal skills or tool for the client to take control of their emotions. I (the client) take full and complete responsibility for my emotional, mental and physical well-being. I agree to seek appropriate professional supervision by a qualified therapist or physician when I (the client) deem necessary. The practitioner and St. Margaret's Bay Massage are absolved of any and all liability and responsibility.

Client signature: _____

Date: _____

My Personal Peace List

- 1.
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- 3.
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- 25.