

THErapy WITH CHRISTINA
CLIENT TREATMENT CONSENT AND CASE HISTORY

This information is valuable to your treatment and will be kept completely confidential.

PERSONAL DETAILS

Name:

Address:

.....

..... Post Code:

Date of Birth:

Tel Numbers: Home: Mobile:

Work:

Email:

Occupation:

Relationship Status:

No. of children: Male: Age(s):

Female: Age(s):

How did you hear about me?

CONSENT FORM

I confirm that I have requested counselling and EFT treatment from Christina Reitter-de Buchet.

I understand that no medical diagnosis will be given and that some of the healing techniques involve physical contact. I agree to the cancellation policy as specified on the Therapy with Christina [website](#).

Signed:..... Date:

Printed signature:

Your GP

Name:

Address:

Phone number: Post Code:

PRESENT TREATMENT

Please list current medication and supplements i.e. name, dosage and frequency and duration of use:

Please list any other current medical treatment and complementary therapies:

LIFESTYLE

Please indicate type and quantity of daily/ weekly intake:

Fluids
(water/juices)

Alcohol:

Recreational drugs:

Tobacco/cigarettes:

Tea/coffee:

Sugar/sweets/chocolate:

Allergies:

Exercise:

Use of wireless technology (mobile phone, cordless phone, wireless broadband):

.....

Sleep/Rest:

Type of diet:

MEDICAL HISTORY

Please list all illnesses, accidents, hospitalisations, investigations, treatments and medications in chronological order, including childhood diseases, pregnancies and long-term prescriptions:

Age:	Condition:	Treatment:

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What have been your main stresses, both past and present?

What was your childhood like?

What was your birth process like?

1. Was your conception planned/not planned?
2. Were you born in hospital or at home?
3. Speed of delivery?
.....
4. Normal/difficult birth, forceps, caesarean etc
.....
5. On time/early/late delivery?
.....
6. How many siblings do you have? Are they older / younger?
.....
7. Are you a twin?

8. Are you/were you adopted?

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Any other helpful information, personal or family related? This may include hereditary or singular health issues (either physical, emotional or mental).

Do you have a specific issue you are seeking healing for? What is it?