Email form to Sarah

Sarah Lombardo
RN - CCHT - Shaman Practioner

Personal Transformation Intake Form

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Occupation: _____

Relationship Status:_____

Children (if any) and their age:

_____

Other Members of Household including Pets:

_____

Siblings?

_____

Did you have a strong religious upbringing? ❍ Yes ❍ No
Catholic school? ❍ Yes ❍ No

Any surgeries or major accidents as a child? ❍ Yes ❍ No
If yes, please explain:

_____

Check all the issues that you are dealing with and/or that influence you:

- ☐ Divorce or Break Up
- ☐ Stress or Anxiety
- ☐ Fears or Phobias
- ☐ Weight Issues
- ☐ Depression
- ☐ Relationship Problems
- ☐ Traumatic Memories
- ☐ Lack of Joy
- ☐ Physical/ Sexual Abuse
- ☐ Chronic Pain
- ☐ Self esteem/Self deprecation
- ☐ Grief
- ☐ Work /Career
- ☐ Anger, Frustration, Resentment

Issues not mentioned above:

_____

Have you seen a therapist for any of these or other issues? ❍ Yes ❍ No

If so, when?: _____

Do you have a history of:
☐ Epilepsy or Seizures ☐ Panic Attacks ☐ Asthma
☐ Severe Depression

Have you been feeling suicidal? ❍ Yes ❍ No

Have you ever felt suicidal or made an attempt? ❍ Yes ❍ No

Is there a history of substance abuse for either you or a family member?
❍ Yes ❍ No

Are you taking any medications that may affect you mentally or emotionally?
❍ Yes ❍ No
If yes, please list:

Do you have a medical or psychiatric condition I should know about?
❍ Yes ❍ No
If yes, please explain:

What issue would you like to start within our first session? *Please include any memories that you think are involved. When did it start and what was going on at the time*?

If you were to live your life over, what person or event would you prefer to skip?

What makes you angry and why?

When was the last time you cried and why?

What is your biggest regret or sadness?

What do you wish you had done but didn't do?

Who would be upset if you were completely healed?

What are three positive goals you would like to achieve?

How would your life be different if and when all of your issues are resolved?

How would you like to feel at the end of the session?