

Sandra Guassi – Meaningful Living
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CLIENT HISTORY

Please complete the confidential history fully and email me back.

Name _____

Email address _____

Mobile Phone _____

Home Phone _____

Work Phone _____

Street _____

City _____ State _____ Zip Code _____

Occupation _____

How did you find us _____

Age _____ DOB _____

Single? ___ Married? ___ Divorced? ___ In relationship? ___ Recently

broke up? ___ HS? ___ College? ___ Any graduate degrees? ___

Left or right handed? _____

Reason for visit _____

How long have you experienced it? _____

Seen anyone for this problem? ___ What type of practice? _____

Circle any applicable symptoms – **Don't skip this part**

Anxiet

Digestive

Insomnia

Arthritis	Epilepsy	Osteoporosis
Asthma	Fatigue	PMS
Auto-immune	Headaches	Skin Problems
Cancer	Heart Disease	Stress
Depression	High Blood Pressure	Thyroid dis.
Diabetes	Infertility	Other:

Explain other _____

Circle the medications and or supplements that you take

Antibiotics	Heart medicine	Sedatives
Anti-depressants	Insulin	Sleeping pills
Blood thinners	Laxatives	Vitamins
Chemotherapy	Pain Relievers	Other

Explain other _____

Checkmark which applies – **Don't skip this part!**

	None	Small	Med	Large
Alcohol				
Caffeine				
Nicotine				
Sugar				
Stress				
Exercise				
Fun				

Medication

Are you familiar with Hypnosis? Very much ___Some___ None___

Any incident in your past that could affect how you feel or function today? _____ Describe _____

Do you use recreational drugs? ___Which ones?_____

Religious or spiritual practice?_____

Do you enjoy your work? _____What kind of vacation do you enjoy?_____

Are you afraid of heights? ___Roller coaster?___Water?___Public Speaking? ___ Sales call?___Meeting new people? ___ Other fears? ___Describe_____

Do you tend to over analyze? ___ Do you procrastinate? ___ Do you think you could be sabotaging your relationships or efforts at success or happiness? _____

What kind of behavior do you engage in that is detrimental to you?_____

*Add anything about you that you think it is important to me to know or something you wouldlike to share about yourself.
