Personal Details: Date of the consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Children & age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP/ therapist name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Holistic Therapy Ealing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had been prescribed Bach Flower remedies before Yes/No

Current medication:

**Please use this space to detail any recent or ongoing events which have impacted upon your emotional and psychological health:** for example, relationship break up, change of job etc. **Please also briefly describe the thoughts, feelings, behaviour etc that this is bringing up in you.** For example: change of job – anxiety, irritability etc.

Please go through the questions below and check all that apply

**Question 1 - Agrimony**

 Do you hide your worries behind a cheerful, smiling face to conceal your pain from others?

 Are you distressed by arguments and quarrels, often “giving in” to avoid conflicts?

 When you feel life’s pressures weighing you down, do you often turn to food, work, alcohol, drugs or other outside influences to help you cope?

* **Question 2 - Aspen**

 Do you have feeling of apprehension or anxiety without knowing why?

 Do you feel that something bad may happen but you are not sure what?

 Do you wake up with a sense of anxiety of what the day will bring?

* **Question 3 - Beech**

 Are you annoyed by the habits and shortcomings of others?

 Do you feel yourself being overly critical and intolerant, usually looking for what someone has done wrong and not right?

 Do the incompetence and foolishness of others irritate you?

* **Question 4 - Centaury**

 Do you often neglect your own needs to please others?

 Is it difficult to say no to those who impose upon your good nature?

 Do you tend to be easily influenced by those stronger in nature than yourself?

* **Question 5 - Cerato**

 Do you constantly second guess your own decisions and judgment?

 Do you often seek advice and confirmation from other people, mistrusting your own intuition?

 Do you change direction often, even after asking advice because you feel confused and unsure?

* **Question 6 - Cherry Plum**

 Are you afraid that you might lose control of yourself mentally, emotionally or physically?

 Do you fear that you may think or do something that you feel is wrong?

 Do you fear that you may hurt yourself or others or become violent and explosive?

* **Question 7 - Chestnut Bud**

 Do you find yourself making the same mistakes over and over again such as choosing the wrong type of partner or staying in a job you dislike?

 Do you fail to learn from the mistakes or experience of others?

 Do you wish you would not repeat the same patterns again and again?

* **Question 8 - Chicory**

 Do you need to be needed and want your loved ones to be close by?

 Do you feel unloved and unappreciated by your loved ones?

 Are you possessive of those you care for, feeling you know what is best for them?

* **Question 9 - Clematis**

 Do you often feel spacey and absent minded?

 Do you find yourself preoccupied and dreamy, unable to concentrate for any length of time?

 Are you drowsy and listless, sleeping more often than necessary?

* **Question 10 - Crab Apple**

 Are you obsessed with cleanliness or feel toxic or contaminated?

 Are you embarrassed and ashamed of yourself or feel physically unattractive?

Do you tend to concentrate on small physical conditions such as pimples or marks?

* **Question 11 - Elm**

 Do you feel overwhelmed by your responsibilities?

 Do you feel it is too difficult to handle all the many tasks ahead of you?

 Do you become depressed and exhausted when faced with your everyday commitments?

* **Question 12 - Gentian**

 Do you become discouraged and depressed when things go wrong?

 Are you easily disheartened when faced with difficult situations?

 Does your depressed attitude prevent you from making an effort to accomplish something?

* **Question 13 - Gorse**

 Do you feel hopeless, as if there is no reason to try to improve things?

 Do you lack faith that things could get better in your life and therefore make no effort to improve your circumstances?

 Do you believe that nothing can be done to relieve your pain and suffering?

* **Question 14 - Heather**

 Do you find that others may avoid you because you seem to talk too much?

 Do you dislike being alone, always seeking the companionship of others, to have someone to talk to?

 Do your conversations usually end up focusing on your interests or problems?

* **Question 15 - Holly**

 Are you suspicious of others, feeling that people have “ulterior motives“?

 Do you feel great anger towards other people?

 Are you full of jealously, mistrust or hate?

* **Question 16 - Honeysuckle**

 Do you find yourself living in the past, nostalgic or home sick for “the way it was”?

 Are you unable to change present circumstances because you are always looking back and never forward?

 Do you often contemplate past regrets?

* **Question 17 - Hornbeam**

 Do you often feel too tired to face the day ahead?

 Do you feel overworked or bored with your life?

 Do you tend to procrastinate and put off some tasks while easily accomplishing those that are more enjoyable?

* **Question 18 - Impatiens**

 Do you feel a sense of urgency in everything you do, always rushing to get through things?

 Are you impatient and irritable with others who seem to do things too slowly for you?

 Do you prefer to work alone?

* **Question 19 - Larch**

 Do you lack self-confidence?

 Do you feel inferior and often become discouraged?

 Are you so sure that you will fail that you do not even attempt things?

* **Question 20 - Mimulus**

 Do you have fears of identifiable things, ie illness, death, pain, heights, darkness, the dentist, etc?

 Are you shy, overly sensitive and often afraid?

 Do you often worry about everyday situations, in other words traffic, bills etc?

* **Question 21 - Mustard**

 Do you feel depressed without knowing why

 Do you feel your moods swinging back and forth?

 Do you feel deep gloom, which seems to quickly appear for no apparent reason and then lifts just as suddenly?

* **Question 22 - Oak**

 Are you exhausted but feel the need to struggle on against all odds?

 Do you have a strong sense of duty and dependability, carrying on no matter what obstacles stand in your way?

 Do you neglect your own needs in order to complete a task?

* **Question 23 - Olive**

 Do you feel utterly and completely exhausted, both physically and mentally?

 Are you totally drained of all energy with no reserves left, finding it difficult to carry on?

 Have you just been through a long period of illness, stress, or strain with no relief?

* **Question 24 - Pine**

 Do you set overly high standards for yourself, never satisfied with your achievements?

 Are you full of guilt and self-reproach?

 Do you blame yourself for everything that goes wrong, sometimes even the mistakes of others?

* **Question 25 - Red Chestnut**

 Are you often concerned and worried about your loved ones?

 Are you distressed and disturbed by other peoples problems?

 Do you worry that harm may come to those you care for?

* **Question 26 - Rock Rose**

 Are you susceptible to feelings of terror and panic?

 Do you become helpless and frozen in the face of your fear?

 Do you suffer from nightmares?

* **Question 27 - Rock Water**

 Do you set high personal standards and take pride of setting a good example for others?

 Are you overly concerned with diet, exercise, work and spiritual disciplines?

 Are you extremely disciplined with your approach to life, always striving for perfection?

* **Question 28 - Scleranthus**

 Do you find it difficult to decide when faced with the choice of two possibilities?

 Do you lack concentration, always fidgety and nervous?

 Do your moods change from one extreme to another: joy to happiness, optimism to pessimism, laughing to crying?

* **Question 29 - Star of Bethlehem**

 Have you suffered a recent shock in your life such as an accident, loss of a loved one, terrible news, illness?

 Are you numbed or withdrawn because of traumatic events in your life?

 Have you suffered a loss or grief from which you have never recovered?

* **Question 30 - Sweet Chestnut**

 Do you suffer from extreme mental or emotional anguish?

 Do you feel that you have reached the limits of what you could possibly endure?

 Do you feel as though there is no light at the end of the tunnel?

* **Question 31 - Vervain**

 Do you have so much energy and drive, that you are sometimes tense and can’t fall asleep?

 Do you have strong opinions and try to convince others of them?

 Are you sensitive to injustice and dedicated to causes almost to the point that others think it is extreme?

* **Question 32 - Vine**

 Do you tend to take charge of meetings, projects, situations, etc?

 Do you consider yourself a natural leader?

 Are you strong willed and ambitious but may appear aggressive and domineering to others?

* **Question 33 - Walnut**

 Are you experiencing any change in your life -- a move, new job, loss of someone you love, new relationship, divorce, puberty, menopause, giving up an addiction?

 Do people or situations sometimes drain your energy?

 Do you need to make a break from strong forces or attachments in your life that may be holding you back?

* **Question 34 - Water Violet**

 Do you appear to others to be aloof or overly proud?

 Do you have a tendency to be withdrawn and prefer to be alone when faced with too many external distractions?

 Do you bear your grief and sorrow without talking to others?

* **Question 35 - White Chestnut**

 Do you find your head full of persistent, unwanted thoughts that prevent concentration?

 Do you relive unhappy events or arguments over and over again?

 Are you unable to sleep at times because your mind seems to be cluttered with mental arguments that go round and round?

* **Question 36 - Wild Oat**

 Do you find yourself in a complete state of uncertainty over major life decisions?

 Do you feel ready for a change of direction, but are unsure of which way to go?

 Do you have ambition but feel that life is passing you by?

* **Question 37 - Wild Rose**

 Are you apathetic and resigned to whatever may happen in your life?

 Do you have the attitude, “it doesn’t matter anyhow”?

 Do you lack the motivation to improve the quality of your life?

* **Question 38 - Willow**

 Do you feel resentful and bitter?

 Do you have difficulty forgiving and forgetting?

 Do you feel life is unfair and find yourself taking less interest in the things you used to enjoy?

**Client declaration:**

I declare that the information I have given is correct and that as far I am aware I can undertake treatment without any adverse effects. I understand that any complementary therapy treatment does not substitute medical treatment.

**Data Protection:**

Holistic Therapy Ealing is legally required to record essential clinical information that we take from you during the initial consultation and each subsequent appointment to enable us to make an accurate diagnosis of your problem(s) and to formulate an appropriate treatment and management plan. These records are held on paper, not in electronic form, and you may request a copy at any time. We store copies of any medical correspondence in paper form and stored in a locked filing cabinet, accessible only to therapist at the Holistic Therapy Ealing. Statutory minimum storage times for medical records and associated correspondence are seven years after the date of the last appointment. clinic who are directly involved in the data entry and processing of patient records. Holistic Therapy Ealing may contact you with regards to your treatment plan, send you discussed materials, reminders, seasonal newsletter or offers. If you would not like Holistic Therapy Ealing to contact you, please tick here □

By signing the below, you are acknowledging that you have read this Data Protection Policy and give consent to the practitioner to maintain records for the purpose outlined within the policy.

|  |  |
| --- | --- |
| Client’s name (block capitals): |  |
| Client’s signature: |  |
| Date: |  |