

Whiterose Clinic

Verbal Relaxation

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CONFIDENTIAL

Client Pre-Assessment Questionnaire

In total confidence, using only your initials, please take your time to complete this form as fully as possible to tell me about your present issue, problem or condition for which you are seeking support, as well as any other issues you may wish to discuss in confidence. NLP based therapy is probably quicker and very different from any other therapy you may have experienced or expected. The focus is on discovering the internal thoughts and emotional processes of "how" we create our problems. By concentrating on the structure of the problem, once we discover it, we can move on and focus on having the problem disappear very quickly. To do this though I need to ask you lots of questions, some of which you may not even fully understand, and that's OK, simply write down whatever springs to mind first. If you would rather go through these questions in a session together then we can do that too, however doing it this way gives you more time to think and saves you precious money on sessions. It is also a future benchmark measurement as to how you have progressed with your issues. We promise not to waste your time or money and if I cannot help you, we have a network to refer you to someone who may be more experienced with your issue.

Personal Details

Name

Home Phone

Full Address

Mobile

Email Address

Occupation

Year Of Birth

Marital Status & Length of relationship

No. Children

Please List Your Interests & Hobbies

Please List Dislikes, Fears Or Phobias

What's Important To You In Your Life

What Do You Try To Avoid In Life?

What Motivates & Drives You?

What Do You Want To Achieve In Your Lifetime?

Medical Details

GP Name

GP Address

Details Of Any past and current Medical Conditions You've Experienced

Current Medications

Details Of Any Other Therapy In Previous 3 Years

Details of The Issue, Problem or Condition

What Is The Issue Or The Problem?

Please Describe A Recent Example Of The Problem 'In Action'.

How Do You Know It's A Problem?

What Does It Stop or prevent you from Doing?

What Areas Of Your Life Is It Affecting?

What Frightens You About It?

How Do You Feel About It?

Where, When Or With Who Do You Experience The Problem?

When Did It Start?

When Do You Not Experience It?

What Stops You From Not Having The Problem?

What Do You Believe About The Problem?

How Will Your Life Change Once The Problem Has Disappeared?

State 3 Things That You Will Be Able To Do Once The Problem Is Gone?

Please Add Any Other Information Which You Think Would Be Useful To Share

Hopefully as you read back over your answers, this pre-assessment should help clarify your problem(s) a little better and will help us to move sessions forward quicker. Thank You and we hope to see your reply soon and to arrange your first session.

Dr. Dan McKenna F.D.S

Oral Surgeon