🌟 “DoTheDream”

SAGE Based Rapid Therapy Sessions

Holistic Wellness Counselling – Client Intake Form

Confidential – For evaluation purpose only

📜 1. Personal Information

a. Full Name: _____

b. Date of Birth / Age: _____

c. Gender / Preferred Pronouns: _____

d. Occupation: _____

e. Contact Number: _____

f. Email Address: _____

g. City / Location: _____

👯 2. Family Background

a. Marital Status: _____

b. Do you have children? (Yes / No): _____

c. Whom do you live with? (Please give details):

_____

_____

d. Whom do you mostly interact with personally (friends, relatives, etc.)?

_____

_____

e. Any history of chronic illness or mental health conditions in the family?

_____

f. Describe your relationship with close family members:

_____

g. Describe your relationship with close associates:

_____

_____

🩺 3. Physical & Medical Background

a. Current physical concerns or symptoms:

b. Past medical diagnoses or conditions:

c. Past treatments or therapies (Medical / Alternative):

d. Any past challenges (if yes, please specify with dates):

e. Medications currently being taken (if any):

🧠 4. Mental & Emotional Wellness

a. Current emotional concerns or challenges:

b. Any history of anxiety, depression, trauma, or other emotional conditions?

c. Previous counselling or therapy received (if yes, please give details):

d. How would you describe your sleep, stress levels, and energy levels?

e. Any hobbies or 'unwinding' activities you followed earlier and follow now?

🙏 5. Spiritual / Lifestyle Aspects *(Optional but helpful)*

a. Do you follow any spiritual practices (prayer, meditation, yoga, etc.)?

b. Any belief system or philosophy that is important to you?

c. Do you feel a sense of meaning or purpose in life? (If yes, describe briefly):

🎯 6. Your Present Needs & Expectations

a. What brings you to this consultation?

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b. What kind of support are you looking for? (Tick all that apply):

☐ Physical healing ☐ Emotional balance ☐ Relationship support
☐ Lifestyle change ☐ Spiritual guidance ☐ Clarity and decision-making
☐ Stress/trauma/fears relief ☐ Self-growth or transformation ☐ Other: _____

c. How urgent is your concern?

☐ Emergency ☐ High Priority ☐ Moderate ☐ Exploring options

d. What kind of outcome or benefit do you expect from this session?

📝 7. Additional Information

a. Anything else you feel is important for me to know?

📜 Declaration

I understand that this consultation offers holistic wellness support and is **not a substitute for any mandatory medical advice or treatment**. All information shared will be kept strictly confidential.

Signature / Name: _____ **Date:** _____

Jayasree Madhavaraj

Neural Mind Architect

Ph : 8138029409