QUANTUM COACHING
a wish link
PENELOPE HARDY

Client Consultation Form

Client Information and Consent

Name

Welcome to Quantum Coaching A WISH LINK!

Your journey towards self-discovery and growth begins here. Please take a moment to fill out this form prior to our first meeting. Your responses will help me better understand your needs and tailor our sessions to support your unique goals.

DOB

Occupation

Address

Marital Statut

Children

Phone

Email

HISTORY

		Yes	No
1.	Have you ever engaged in any form of relaxation technique or personal development practice?	◯	◯
2.	Do you have any addiction?	◯	◯
3.	Are you under supervision of a Doctor / Psychotherapist / Others	◯	◯
4.	Do you take medicine or supplement?	◯	◯
5.	Have you been diagnosed with any of the following conditions:		
	• ADHD (Attention Deficit Hyperactivity Disorder)	◯	◯
	• PTSD (Post Trauma Symptoms Disorder)	◯	◯
	• Mind Manipulation	◯	◯
	• Hypochondria	◯	◯
	• Depression	◯	◯
	• Bipolar Disorder	◯	◯
	• Eating Disorders (such as Anorexia nervosa, Bulimia nervosa)	◯	◯
	• Substance Use Disorders	◯	◯
	• Feel free to include any other specific conditions or concerns that you believe are relevant to understanding the client's mental health history.	◯	◯

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1. What challenges or obstacles would you like to overcome, and what specific goals do you aim to achieve through our coaching sessions?
2. Are you currently undergoing any medical treatment? If yes, please provide details.
3. Have you previously explored any relaxation or personal development techniques? If so, which ones have you tried?
4. Have you practiced meditation, hypnosis, or sophrology before? If yes, please specify the type or method (e.g., Zen meditation).
5. Do you have any lingering physical or psychological traces from past illnesses or accidents? If so, please elaborate.
6. Have you experienced dizziness, fainting spells, or loss of consciousness in the past 12 months? If yes, please describe the circumstances.
7. What are your greatest fears or concerns? Conversely, what situations do you find most enjoyable or fulfilling?
8. What talents do you possess? Are you aware of them, and can you share a few examples?
9. Do you struggle with any addictions (e.g., cigarettes, drugs, alcohol)? If yes, please specify.
10. Is there anything else you would like to share or discuss before our first session?

PLEASE ANSWER BELOW....

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Name

I am aware that it is my duty to submit truthful information.

Date

Signature