Self and More
COACHING & SELF DEVELOPMENT

Personal Details - Medical History
Confidentiality and Indemnity

Type of Session QEC ☐ TRE ☐ GROUP WORKSHOP ☐ OTHER ☐

Name _____
Address _____
_____
E-mail _____
Telephone home _____
Telephone work _____
Telephone mobile _____
Date of birth _____

Gender Male ☐ Female ☐

Medical practitioner _____
Medications _____
Allergies _____

Medical history

Do you have any chronic, ongoing pain that you deal with on a regular basis? Describe what activities cause this pain and/or make it worse.

_____
_____
_____

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Have you had any surgeries, hospitalsations, accidents or injuries? Do you feel you have recovered from these events?

What movements or activities are limited?

Have you experienced any trauma? (physical / other?)

Are you presently or have you ever been under psychiatric care? For what reason(s)?

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Do any of the following conditions currently effect you, or have in the last 5 years: (please tick)

- ☐ Lack of energy
- ☐ ME
- ☐ Fibromyalgia
- ☐ Pelvic pain
- ☐ Pregnancy
- ☐ Pacemaker
- ☐ Anxiety
- ☐ Anger/ rage
- ☐ Depression
- ☐ Sleep difficulties
- ☐ PTSD
- ☐ Suicidal thoughts
- ☐ Substance abuse
- ☐ Moodiness
- ☐ Worry
- ☐ Anoexia / Bulimia
- ☐ Sexual difficulty
- ☐ Substance abuse
- ☐ ADD / ADHD
- ☐ Multiple personality
- ☐ Fear/ terror
- ☐ Psychiatric illness
- ☐ Bi-polar diagnosis
- ☐ Blood clots
- ☐ Heart attack/ stroke
- ☐ Low back pain
- ☐ Arthritis
- ☐ Headaches
- ☐ Osteoporosis
- ☐ Cancer / Tumours
- ☐ Sprains/ strains
- ☐ Diabetes
- ☐ Hypo or Hyperglycemia
- ☐ Seizures/ epilepsy
- ☐ Cardiac/ circulatory problems
- ☐ High blood pressure

Are there any other health concerns not mentioned above that are important to mention prior to performing the exercises?

_____

_____

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CONFIDENTIALITY CLAUSE:
Everything discussed within the confines of the time of work together shall remain confidential and shall not be divulged to any third party by your therapist/coach. If participating in group work, no identifying material to be divulged outside of the group. Non-identifying case material may be discussed during supervision with a designated supervisor and for exam purposes.

CANCELLATION CLAUSE:
I agree to give a minimum of 24 hours cancellation notice if the session is to be cancelled or changed. Failure to do so will result in full. payment of the missed session. In the case of a weekend workshop, cancellation policy outlined for the workshop to be followed.

INDEMNITY:
I undertake this treatment of my own accord and accordingly indemnify the therapist from any harm, loss or damages of any nature, whether bodily harm, trauma or any other damages to my person or property resulting from the treatment, whether directly or indirectly.

TEACHING EXERCISES:
I acknowledge and accept that I am NOT qualified to lead others through this exercise and that I will only use them for myself.

I have read the above and confirm it to be true:

Signed _____ Client _____ Provider

Date _____