

# Psychosomatic Client Case History Form

Full name : \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

Email : \_\_\_\_\_

Mobile Phone : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Occupation: \_\_\_\_\_ Gender : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone : \_\_\_\_\_

**'I consent to giving true and correct information about my current and historical health and medical condition'**

Client signature : \_\_\_\_\_

### What you wish to achieve

1 Please state clearly what you want to acheive from Psychosomatic Therapy

.....  
.....  
.....

2 What areas of your lifestyle would you like to change (please tick)

- |                               |                            |                                       |
|-------------------------------|----------------------------|---------------------------------------|
| ..... My level of anxiety     | ..... My pace of living    | ..... Not enough quiet time and rest  |
| ..... My diet and nutrition   | ..... My excercise program | ..... Not enough time spent in nature |
| ..... My creative expression  | ..... My career            | ..... My family and social life       |
| ..... My communication skills | ..... Other                |                                       |

3 Throughout your session and in any sessions, what do you want to take place over the course of your care?

.....  
.....  
.....

4 How long do you think this will take?

.....

## Pyschosomatic Client Case History Form continued

### Health and medical information

5 Are you currently under a doctor's care? If yes, please give details:

.....

.....

6 List current health practitioners

| Type of therapy | Name | Contact details |
|-----------------|------|-----------------|
|                 |      |                 |
|                 |      |                 |
|                 |      |                 |
|                 |      |                 |
|                 |      |                 |

7 Have you currently or historically been diagnosed with any mental disorders?

.....

.....

.....

8 Please give details of previous and/or current prescribed medication

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.....

9 Any apparent or diagnosed medical or physical problems?

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.....

.....

10 List any current or historical injuries, accidents or other discomfort

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**Pyschosomatic Client Case History Form continued**

11 Give details of any surgery or trauma - have you been hospitalised for any reason?

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.....  
.....  
.....

12 Are you pregnant? If yes, how many weeks gestation?

.....  
.....

13 Do you have any contagious diseases?

.....  
.....  
.....

14 Any chronic problems or weaknesses?

.....  
.....  
.....

15 Do you suffer from, or currently experience any of the following conditions?

Heart or circulatory issues:.....  
.....

High or low blood pressure:.....  
.....

16 Do you currently have or have a history with cancer or terminal illness? If yes please give details and treatments:

.....  
.....  
.....

17 Is there anything else you feel is relevant information we should be aware of in relation to your session?

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.....  
.....  
.....

## Pyschosomatic Client Case History Form continued

### Personal information

18 What is your matrimonial status? (Married, Divorced, De Facto) - please include significant relationship and relationship history

.....  
.....  
.....

19 Parents: Status of: Married / Divorced, Describe Relationship with Mother / Father / Significant Carer

.....  
.....  
.....

20 Clients Siblings : Include order of birth

.....  
.....  
.....

21 Do you have any children? - please include quantity and ages

.....  
.....  
.....

22 List your main stressors: work related / mental / emotional / physical

.....  
.....  
.....  
.....

23 Please list any self-destructive lifestyle habits (eg: smoking, staying up late, addictions, social media etc)

.....  
.....  
.....

Practitioner name : \_\_\_\_\_ Practitioner signature : \_\_\_\_\_