

MIND OVER MEDICAL

770-856-9971 . nancy@mindovermedical . www.mindovermedical.com

Introductory Questionnaire

Name:	
Mailing address:	
Email:	
Phone - home:	
Mobile/cel:	
Date of Birth:	
Marital Status:	
Occupation:	
Studies:	
Pets:	
Hobbies and interests:	
Important relationships in your life:	

Goals:

1. What are two goals you would like to achieve in the next three months?

1.1.

1.2.

2. What is your five year vision for yourself?

Getting to know you:

3. What are the three great achievements of your life, the one's you are the most proud of?

3.1.

3.2.

3.3.

4. What are the four most life changing events you experienced and what have they taught you?

4.1.

4.2.

4.3.

4.4.

5. What influences the choices you make?

6. What are the major stress factors in your life?

7. What are the three biggest compromises in your life?

7.1.

7.2.

7.3.

8. Who are you at your best?

9. Who are you at your worst?

10. What are your biggest fears?

11. What motivates you?

12. Who are the most significant figures in your life right now and what do they bring you?

13. Who were your role models as you were growing up?

14. Who do you consider to be a role model now?

15. What the values that are most important for you?

16. What makes you angry?

17. What would you like to change in the world?

18. What are the big dreams in your life (without limitations of time and money)?

19. What is spirituality for you? How do you practice it?

20. Have you worked with a therapist/coach/counselor before? What worked well for you in that relationship?

21. What else is important for you that I know, before we begin?

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