AHA COACHING

Recall Healing Intake Form

Please complete every section as fully and honestly as you can.

I confirm that I have read the privacy policy and the terms and conditions. *

☐ I agree

Sign

Parent / Guardian signature if age under 18 years old

Client Notes / Information for Me

*** Important questions**

PART 1. PERSONAL INFORMATION

❀ BASIC DETAILS & CONTACT

Full Name (if different at birth, include both) *

First (Middle) Name

Last Name

Telephone*

Format: (000) 000 0000

Email*

Place of Birth

Birth date and time (if you know)

Day	*Month*	*Year*

Time. Hour ____ Minutes ____ AM / PM

Age *

Year/month, be precise, e.g., 30 years 3 months

Completed Studies (Education) & field of study / qualification *

Current occupation / Main Professional Activity *

Satisfaction with your work (1 = very dissatisfied, 10 = very satisfied)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Main passions

Strong dislikes

❀ FAMILY BACKGROUND

Parents, Reproductive History/Children/Age of Independence, Relationship Status

YOUR PARENTS

Father's Date of Birth

Day	*Month*	*Year*

Mother's Date of Birth

Day	*Month*	*Year*

Father's age at your birth

Year/month, be precise

Mother's age at your birth

Year/month, be precise

Parents' wedding date (if applicable)

Day	*Month*	*Year*

REPRODUCTIVE HISTORY *

Number of Miscarriages: you

If male, please include your partner's

Number of Miscarriages, your mother

Number of Abortions, you

If male, please include your partner's

Number of Abortions, your mother

YOUR CHILDREN

From eldest to youngest. Include all children:: miscarriages, stillbirths and abortions, e.g. 1. Tom: 5 years old, 25/05/2021; 2. Miscarriage, July 2025

Name	*Date of Birth*	*Age*
Name	*Date of Birth*	*Age*
Name	*Date of Birth*	*Age*
Name	*Date of Birth*	*Age*
Name	*Date of Birth*	*Age*
Name	*Date of Birth*	*Age*

AGE OF AUTONOMY*

Age when fully independent from parents (independent from food, money and shelter). It is usually when moving out, getting married, starting a job and contributing to the rent, bills, etc. e.g., 20 years 3 months

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MARITAL / PARTNERSHIP STATUS

Status

☐ Married ☐ Cohabiting ☐ Divorced ☐ Separated ☐ Single ☐ Widowed ☐ Other

Date of marriage/partnership (if applicable)

Day	*Month*	*Year*

Date of separation/divorce (if applicable)

Day	*Month*	*Year*

❀ REASON FOR CONSULTATION

Health/Behaviour/ Emotional context, e.g., back pain, endometriosis, OCD

Primary Reason for consultation *

If illness, medical diagnosis and precise body location* *(e.g., L5-S1 disc herniation, endometriosis: top of the uterus and large intestine, obsessive hand washing).*

Dominant Hand *

☐ Right ☐ Left ☐ Ambidextrous

Age/date when condition or problem began*

Be as precise as possible

Major life events or shocks preceding the condition (positive or negative)*

(e.g., job loss, separation, bereavement, relocation)

Greatest negative shock or traumatic event in your life

This may be the event preceding your condition or a different one - e.g., the unexpected death of a loved one

Significant fears and frights * *(intense or long-lasting; e.g., fear of drowning, fear of abandonment):*

Strong emotional triggers or recurring annoyances*, *e.g., situations, words, or behaviours that provoke a strong reaction*

Remorse or regrets you carry* **-** *things you wish you had done differently; e.g., regretting getting married*

Do you carry a heavy secret you have never shared with anyone? *

☐ Yes ☐ No

If yes, describe if comfortable doing so

PART 2. PROJECT/PURPOSE: Prebirth & Early Life

9 months before conception, Conception, Pregnancy, Delivery and the First Year

What do you know about your parents' lives before your birth and your early childhood? Give as many details as possible

If you don't have information, leave the field blank; even partial answers are helpful.

❀ UP TO 9 MONTHS BEFORE YOUR CONCEPTION

What was happening in your parents' lives: *accidents, loss of jobs, deaths, illnesses, floods, in-laws living with a young couple, major elections, travel, etc.? Was it a good or bad time for your parents?*

❀ AT THE TIME OF YOUR CONCEPTION

Were you conceived at home/on holidays/in unusual circumstances: in a car, before parents were married, etc. How did your parents react to the news about being pregnant with you?

❀ PREGNANCY EXPERIENCE

How was the pregnancy? Was it a full 9 months? Has anything unusual happened? Was your mother sick, or did she have any health conditions? Was she supported?

❀ DELIVERY EXPERIENCE

Natural, induced, C-section, etc./Easy, difficult, quick, long, etc.? Who was present there: father, doctor, nurse, midwife, nobody, etc.

❀ FIRST YEAR OF LIFE

Were you breastfed? If yes, how long? Have you been accepted by your family? Did your parents expect a particular sex?

PART 3. LIFE TIMELINE

Please write the major events of your life (dramatic events, trauma, shocks, fears, etc.), starting from 'now' backwards to 'birth'. Write everything meaningful that you can remember. Include age, date, event, and feelings as examples. Be as specific as possible. If you don't remember the date, put the month, season, and year.

Major events of your life (from now back to birth) *

Be precise if you can; Example:

46 years 10 months/10.08.2005/car accident/fear, thoughts of death

40y 2m-11m/Feb-Dec 1999/separation/despair/hopelessness/unworthiness

16y 11m/20.10.1975/parents' divorce/powerless, sad, angry

13y 2m/10.11.1972/ older brother died/sad, angry, enraged, and hurt

2-10y/Dec 1954-June 1962/suffered from eczema/shame, feeling different

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Age	*Date*	*Event*	*Feelings*
46 years 10 months	10.08.2005	car accident	fear, thoughts of death
40y 2m-11m	Feb-Dec 1999	separation/despair	powerless, sad, angry
13y 2m	10.11.1972	older brother died	sad, angry, enraged, and hurt
2-10y	Dec 1954-June 1962	suffered from severe eczema	shame, feeling different

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Age	Date	Event	Feelings

Thank you for taking the time to complete this intake form.