



Conscious Choices Reasons for Therapy

Benefits

Thank you for choosing Conscious Choices. Please fill out this form. The information will be helpful during your sessions.

Please list seven of the benefits you expect to gain from your therapy:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Check as many of the following as apply to you, and fill in the blank if appropriate:

- I often feel that I should be punished for something I once did.
- I know of a past experience or relationship that could be causing my problem.
- I am aware of an internal conflict that may be causing part (or all) of my problem.
- If I get better, I stand to lose _____.
- If I wasn't so much like _____, I'd be much happier.

If you have any questions or concerns about this form or therapy, please share them below:



Reasons You're Here

What would you like to gain from our work together?

Why is it important for you to make these changes in your life?

How ready are you to make these changes? 100% Mostly Somewhat Not Very

Research shows that it takes time for therapy to help. Are you willing to make a commitment for at least 10 sessions? Yes No Maybe

Please check any items that you might like help with:

- | | | |
|---|---|---|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Relationships | <input type="checkbox"/> Improved sleep |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Parenting skills | <input type="checkbox"/> Career development |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Self-motivation | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Weight control | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Self esteem | <input type="checkbox"/> Child's behavior |
| <input type="checkbox"/> Loss of loved ones | <input type="checkbox"/> Independence | <input type="checkbox"/> Other: _____ |

What kinds of small group sessions (if any) might interest or benefit you?

Are you interested in any of the following?

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Hypnosis | <input type="checkbox"/> Dream work |
| <input type="checkbox"/> Journaling | <input type="checkbox"/> Home work |

Would any of the following additional products and services interest you?

- | | | |
|---|--|--|
| <input type="checkbox"/> Self help CD's | <input type="checkbox"/> Workshops | <input type="checkbox"/> Seminars |
| <input type="checkbox"/> Dream Group | <input type="checkbox"/> Men's group | <input type="checkbox"/> Women's group |
| <input type="checkbox"/> Self paced learning programs | <input type="checkbox"/> Self help e-books | <input type="checkbox"/> Other: _____ |

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