

NEURO-EMOTIONAL CLIENT QUESTIONNAIRE

(Please fill out the best way you can the following questions in order to have the best N.E.T. session possible. *Note: If you need to fill out additional sheets of paper, please do so.)

NAME: _____ (print) _____ (signature)

DATE: __/__/____

1. What do you see as symptoms (physical complaints, medical diagnosis, things going wrong which suggests to you a problem exists? _____

2. Who is being burdened, hampered or impacted by these symptoms other than you? _____

3. Is there anything in your life you would like to be okay with, or feel better about? _____

4. What underlying problem do you think is actually causing these symptoms (as mentioned in#1)? _____

5. What exactly do you want as the ultimate result from this initial treatment? _____

6. How has this problem impacted your life so far? _____

7. What is your long ultimate long range desired circumstance? _____

8. When did the physical symptoms start? _____

9. Please list any circumstances briefly which were occurring at about the same time the problem started. _____

10. Has this or a similar problem occurred before? If so, please explain briefly: _____

COMMENTS: _____

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(*Note: Please know that all information will be professional kept private & will not be discussed outside the treatment room.)