

To save time in the session, and to give you more time to reply as fully as you can, please fill in this form prior to your appointment. If you have any difficulty or concern answering any of the questions, please feel free to omit them.

Name:	
Address:	
How did you find out about me:	Contact telephone numbers:
Occupation:	Contact Skype Name:
Date of birth:	e-mail:

<b>Family situation</b> (please circle)	Single    Living alone    Living with parents    Living with partner Married    Separated / Divorced    Widowed    Other
Spouse/ partner's first name:	
Children's names & ages:	

<b>Medical history</b>	Past surgery, serious illness, accidents/injuries with approximate dates:
Significant childhood illnesses:	
Stress/ complications, etc. about your birth:	

The areas, problems or goals you would wish to address with Amanda Brooks:
List any emotional traumas/ episodes, with approximate dates, as far back as you like. (e.g. bereavements, divorce, parents split-up, loss of a job/ home, etc.):
Describe relationship challenges: work, family, friends, etc. Indicate whether past or present:

	<b>I am having:</b> (tick + any comment such as how long for)	<b>I have had, but not now:</b> (tick + any comment such as when)
Anxiety		
Breathing difficulty		
Chest pains		
Constipation		
Depression		
Dizziness		
Fainting		
Fits		
Food cravings		
Headaches		
Hearing problems		
Known allergic reactions		
Lethargy		
Loose bowels		
Low sex drive		
Menopausal problems		
Migraines		
Nervous twitches/ tremors		
Other sexual problems		
Pain: back		
Pain: joint		
Pain:neck/ shoulder		
Pain: other		
PMT / Menstrual problems		
Poor circulation		
Poor sleep		
Repeated infections		
Runny eyes		
Runny nose		
Skin rash		
Sneezing		
Sore throat		
Spotty skin		
Stuffy sinuses		
Vision problems		
Other problems		

**Please read and sign the following statement:**

I understand that Amanda Brooks does not give **medical** diagnoses or treatment, and that it is my responsibility to consult my GP about any medical problem that I am aware of or become alerted to in the course the session. I acknowledge that any advice Amanda gives me is entirely up to myself to undertake and that she is not to be held accountable for my decisions.  
I have read the Terms of Service found at [www.peacewithin.co.uk/legal/terms-of-service](http://www.peacewithin.co.uk/legal/terms-of-service) and completed and signed the Privacy Consent Form which shall be given to Amanda Brooks at the first appointment.

Signed:

Date:

**Privacy Consent Form as per General Data Protection Regulation Requirements  
(Please complete all sections)**

**Database**

I, hereby, **give / do not give** (please delete as appropriate), permission for Amanda Brooks, of Peace Within, consent to keep the following records on a secure database, which is only accessible by Amanda Brooks, and her employees, and is never shared with any other individual or company.

Data that will be held on said database will be your:-

Name / Address / Telephone Number / Skype Name / Email Address

These will be kept there so that Amanda has an easy contact list in case of emergency re booking or appointment issue.

It is understood that your case files will not be held on any database, they will be kept in a secure location and you can request a copy of them at any time.

**E-news**

I, hereby, **give / do not give** (please delete as appropriate), permission for Amanda Brooks, of PeaceWithin.Online, consent to add my name to the monthly call series information, with the right to unsubscribe at any time. The details will be held on a secure server and will use the following personal data and is never shared with any other individual or company.

Name / Email address

**Length of time your Case Files are held for.**

I, understand that if I have not received energy work from Amanda Brooks, in the last seven years, then my records will be destroyed using a cross Cut Shredder / Security Level P-4. I understand that I can ask for the return of my records at any time during that seven years, however, a copy will need to be kept in order, for Amanda Brooks to comply with her Professional Insurance guidelines.

Signed .....

Print Name .....

Date .....