



KRUSHA PATEL

Personal History Form

Client First Name: _____

Client Surname: _____

Date: _____

- What are your current issues / concerns/ situation?

- How do you know you have issues / concerns/ situation?



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- How long have you had issues / concerns/ situation?

- What events have happened since then?

- Tell me about your childhood, in relation to this issue



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- Is there a purpose for this problem?

- When did you choose to have this situation be created?

- How will you know when this problem has totally disappeared?