

(Form #C1-1)

Long Client Interview Form

CLIENT NAME: _____

Date of Birth _____

ADDRESS _____

Phone No(s): _____

E-mail _____

Date: _____

1. How do you see yourself at this moment? _____.

2. Describe your ideal self: _____

3. List ten goals: [\(use Form C1-4\)](#)

4. What is your most negative thought about yourself? _____

5. What is your most negative thought about life? _____

6. What is your most negative thought about relationships? _____

7. What are your major fears, if any? _____

8. How would you describe yourself as a child? _____

9. Describe your mother (beginning with what you did not like about her): _____

10. Describe your father (beginning with what you did not like about him:): _____

11. How would you describe their relationship while you were growing up? _____

12. Any important comments about any other substitute parent, step parent, grandparent or people who took care of you? _____

13. Are you now married? Living with someone? _____

Describe your mate _____

14. What is the state of your relationship with your mate? _____

Any significant problem? _____

15. Where were you born? - State _____ Country _____

In what facility? Hospital _____ Home _____ Other _____

16. Were you; Wanted, Planned by both parents _____ If not, why not? _____
17. Do you have any siblings _____ Older _____ Younger _____..
- Which child were you (birth order _____)
18. What did your parents or others tell you about your pregnancy? (Complications _____)
19. Do you know anything about the labour? _____
20. Was your birth itself normal? _____
- Other: Twin _____ Premature _____ Late; _____ Forceps; _____ Anaesthesia; _____
- Breech; _____ Turned manually while in utero _____ Cord around neck; _____
- Placenta Previa; _____ Caesarean; _____ Induced; _____ RH Factor blue baby; _____ Blood Exchange _____ Jaundice; _____ Deformities; _____ Dry Brith _____
- Other Comments; _____
21. Did your mother have any specific problem at your birth? _____
- Haemorrhage _____ Infection; _____ Other _____ Post Partum Depression; _____
22. Was your father present at your birth? _____ Was he in the hospital area? _____
- If not, where was he? _____
24. Were you breastfed? _____ If not, why not? _____
25. How did your older siblings feel about your arrival? _____
26. Any other comments about your conception, pregnancy, _____
27. Did you have any illnesses during your infancy? _____
- If yes, explain _____
28. Did you have any illnesses in later childhood? _____
29. Did you have any major emotional traumas as a child? _____
30. For females: How many times have you been pregnant? _____
- How many deliveries? _____ Any problem with those births, or children? _____
31. Are you having any problem with your body now, or recently? _____
- If so describe history of illness: _____
32. Any major tensions, pains or symptoms? _____

Are you on any drugs? . _____ What for? _____

33. Are you presently under (or have you recently been under) psychiatric care? _____

34. What seminars and trainings have you done? _____

35. Do you have any negative thoughts about breathing? _____

36. What have you heard about Rebirthing? _____

37. Do you have any questions about Rebirthing? _____

38. Do you understand the concepts of Creative thought & Physical Immortality? _____

39. Are you clear about the price and the number of sessions etc? _____

COMMENTS: _____ ++ _____

Signed _____

Date _____