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New Client Questionnaire

Name	Date
Email	Skype / Facetime
Country of Residence / Time Zone	

What problem(s) or issue(s) has you interested in working with me?

Are you currently under medical or psychological care for this issue or any other condition?

Have you made previous attempts to resolve this issue? If so, please briefly describe results.

Do you suffer from any medical conditions or chronic physical pain? If yes, please describe onset and duration.

When is the first time you can remember feeling distressed about this issue(s)?

What else was going on in your life at the time?

Physical symptoms you experience due to this issue:

How might your life be different if you were to completely get over this problem?

Terms of Partnership: Session services may include coaching, application of energy meridian and NLP techniques, values clarification, brainstorming, strategizing, asking clarifying questions and making empowering requests. It is understood that coaching does not entail advice-giving, therapy or counseling. The client understands that the power of the coaching relationship can only be granted by the client. All information shared by the client will be held in the strictest of confidence.