

Thank you for choosing RE:MiND! Please fill out this form. The information will be helpful during your session.

RE:MiND

A. Please list down the CHANGE(S) that you want to make:

1.
2.
3.
4.
5.

(If you have more changes, please continue listing them down behind this form.)

B. Please list up to seven BENEFITS you expect to gain from making the change or changes that you want:

1.
2.
3.
4.
5.
6.
7.

(If you have more benefits that you expect to gain, please continue listing them down here.)

C. Please check the items that apply to you, and fill in the blank spaces if appropriate.

Check:

- I often feel that I should be punished for something I once did.
- I know of a past experience or relationship that could be causing this problem.
- I am aware of an internal conflict that may be causing part (or all) of my problem(s).
- If I get better, I stand to lose
- If I wasn't so , I'd be much happier.

Name: Date:

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