Bovenkant formulier

**Intakeformulier Body Remembers Trauma Therapy (BRTT®) en/of Trauma Release Breathwork (TRB®)**

Vul dit document volledig in (vragen met \* verplicht beantwoorden) en stuur het minstens één week voor je sessie naar [welkom@happyhealthcare.nl](mailto:welkom@happyhealthcare.nl).

Wat is je voor- en achternaam?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Wat zijn je adresgegevens?\*  
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Wat is je e-mailadres?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Op welk nummer ben je te bereiken?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Wat is de datum van jouw sessie?\*  
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Weet je in welke situatie je bent verwekt?  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Hoe was de draagtijd voor jouw moeder?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Hoe is vervolgens jou je geboorte gegaan?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Wat weet je van je vroege jeugd (0 tot 8 jaar)?\*  
………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Wat weet je van je tienerjaren (8 tot 20 jaar)?\*  
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Wat heeft zich allemaal afgespeeld vanaf 20 jaar tot het heden?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Ben je ooit opgenomen voor een operatie in het ziekenhuis?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Heb je in het verleden letselschade opgelopen?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Ben je bekend met hart- en vaatziekten of andere aandoeningen die wij moeten weten?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Zijn er dierbare mensen ernstig ziek of overleden?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Ben je verslaafd, verslaafd geweest of verslavingsgevoelig?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Gebruik je op dit moment medicatie of heb je bepaalde medicatie gebruikt?\*  
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Heb je lichamelijke- of geestelijke aandoening, of komt dit in je familie voor?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Ben je onder behandeling van een therapeut?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Ben je in het verleden behandeld geweest voor psychische klachten, bijvoorbeeld: schizofrenie, psychose en/of epilepsie?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Heb je wel eens drugs gebruikt? Cannabis, Xtc of anders?\*  
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Heb je wel eens entheogenen middelen gebruikt?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Hoe is jouw woon- en leefsituatie?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Indien van toepassing: Omschrijf in je eigen woorden jouw probleem en/of klachten.\*  
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Heb je weleens lichaamswerk en of ademwerk ervaren? Zo ja, waar?\*  
………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Wat verwacht je van de opleiding of sessie die je aangevraagd hebt?\*  
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Zijn er verder nog bijzonderheden van fysiek of emotionele aard die voor mij belangrijk zijn?\*  
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Verklaar je dit formulier naar waarheid te hebben ingevuld en kennis te hebben genomen van de algemene voorwaarden?\*  
……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Onderkant formulier

Handtekening:

Datum/Plaats: