Form B – Initial Consultation Form

Client Reference Number: _____ **Date of Consultation:** _____

Practitioner Name: _____

Section 1: Participant Details

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Age:** _____

Address: _____

Postcode: _____

Email Address: _____

Mobile Number: _____ **Landline:** _____

Is it OK to leave you a message? ☐ **Yes** ☐ **No**

Marital Status: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

GP Name: _____

GP Contact Info: _____

Are you currently taking any medications?

☐ **No** ☐ **Yes**

If yes, please list: _____

_____

Section 2: Updated Health Disclosure

1. **Do you have any current or past medical conditions (e.g., migraines, heart issues, neurological conditions)?**

   ☐ No

   ☐ Yes – please specify: _____

2. **Do you experience any of the following? (Tick all that apply):**

   ☐ Dizziness ☐ Headaches ☐ Vision problems

   ☐ Balance issues ☐ Fainting

3. **Have there been any changes to your health status since completing Form A?**

   ☐ No

   ☐ Yes – please explain: _____

_____

4. **Any other relevant health information not already disclosed:**

Section 3: Presenting Problem

5. Brief description of your spider phobia and how it affects you:

6. What makes it worse?

7. What has stopped you from changing in the past?

8. Have you received any therapy for this issue?

☐ No

☐ Yes – Name of Therapy & approximate date: _____

9. How long have you had this phobia? _____

10. What would you like to achieve by undergoing IEMT?

11. What will be different once you've changed?

12. On a scale of 1 to 10, how strong is your fear of spiders?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (10 = worst)

13. How distressed do you feel right now when thinking about your phobia?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (10 = Extreme distress)

Participant Additional Notes

Please share any information you feel may be relevant or helpful for your practitioner to know before the session.

Signature: _____ **Date:** _____

Data Protection Notice

This form must be retained securely by the practitioner in accordance with the **General Data Protection Regulation (GDPR)**.

It contains personally identifiable information and must not be shared with the IEMT Research Team unless the practitioner is formally part of the study's research administration.

This form may be reviewed in an official audit to verify that sessions were conducted with actual participants and must be retained for a minimum of 5 years following study completion.

Clear Form