



# REHvolution Services

Business | Therapy | Coaching | Mentorship | Training Academy

## Anxiety Therapy Questionnaire (Home visit)

Thank you for choosing to work with me on your journey toward managing anxiety. To help me prepare for our first session, please complete the following questionnaire as honestly and thoroughly as possible. All information will be kept confidential in accordance with GDPR and professional practice standards.

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### 1. Personal & Contact Information

- Full Name:
  - Date of Birth:
  - Email Address:
  - Phone Number (Mobile & Landline):
  - Preferred Contact Method (Phone, Text, Email):
  - Emergency Contact Name & Phone Number:
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### 2. Session Location Details (Home Visit)

- Full Home Address (incl. postcode):
- Preferred Date & Time for First Session:
- Nearest Bus Stop or Train Station (if applicable):
- Parking Availability:
- Best Directions to Reach You (by car or public transport):

### 3. Animals in the Home

Please let me know if you have any animals at home:

- Do you have pets? Yes / No
- If yes, what kind (dog, cat, etc.) and how many?
- Are they kept indoors or outdoors?
- Would it be possible to keep animals in a separate room during the session?  
(*Due to my pet hair allergies, this is important to ensure my comfort and safety during the visit.*)

### 4. Medical & Mental Health Background

- Are you currently receiving any medical treatment or therapy? Yes / No
  - If yes, please provide details:
- Are you currently taking any prescribed medication? Yes / No
  - If yes, please list medications and dosages (if known):
- Do you have a diagnosed anxiety disorder (e.g., GAD, panic disorder, social anxiety, etc.)?
- Have you previously had therapy or counselling for anxiety or any other condition?
  - If yes, please give a brief summary of what worked well (or didn't):
- Any relevant medical conditions or history (physical or mental health):

### 5. About Your Anxiety

Please describe your experience with anxiety in your own words:

- When did you first notice symptoms of anxiety?
- How often do you experience anxiety symptoms (daily, weekly, occasionally)?
- What symptoms do you typically experience? (e.g., racing heart, panic attacks, sweating, negative thoughts, restlessness)
- How does anxiety impact your day-to-day life (work, relationships, sleep, etc.)?
- Do you avoid any situations or activities because of anxiety? If yes, please describe:

## **6. Awareness of Patterns & Triggers**

- Have you noticed any specific *triggers* for your anxiety? (e.g., crowds, social settings, specific thoughts, etc.)
- Are there particular times of day your anxiety worsens (e.g., mornings, evenings)?
- Are there any patterns you've become aware of over time?
- Do any particular thoughts, memories, or situations increase your anxiety?
- What helps you calm down or manage anxiety in the moment, if anything?
- On a scale of 1 to 10, how severe would you say your anxiety is currently? (1 = very mild, 10 = very severe)

## **7. Goals for Therapy**

- What are your goals for therapy? (e.g., reduce panic attacks, manage anxiety at work, improve sleep)
- Is there anything in particular you'd like to focus on during our sessions?
- Have you used any self-help tools, books, or online resources for anxiety before? If yes, what were they and did you find them useful?

## **8. Any other helpful information You'd Like to Share with me?**

Is there anything else you think would be useful for me to know before our first session?

## IMPORTANT NOTE – PLEASE READ CAREFULLY

- This questionnaire is part of the pre-session process and must be completed **before your first session takes place**.
- **All first sessions must be paid in advance** via the website when booking your first and each subsequent visit.
- **Home visits incur an additional travel fee of £15–£50** depending on your location (the exact cost will be confirmed after I arrive at your home address and payment can be made via my website or I can invoice you including a payment link)
- **Refunds are issued at my discretion**—please contact me as soon as possible if you need to reschedule.
- You will receive a confirmation email once your booking and payment are complete, along with any additional session details.

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*Thank you for taking the time to complete this form. I look forward to supporting you on your path toward recovery and wellbeing.*

*Warm regards, I look forward to meeting you.*



**Rob Edmanson-Harrison** (AMRSPH)

REHvolution Services

Isle of Man

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### **ABOUT ME:**

Backstory - <https://therehacademy.ac/about-me>

Qualifications - <https://therehacademy.ac/biography>