## **Questionnaire - Initial conversation**

Gender:	First name:		Surname:	
Date of birth:		(DD/MM/YY)	Conversation schedule on:	
1) Which topics	or challenges have	e brought you to	o me?	
2) What needs a	and interests have	come off "badly	<u>" lately?</u>	
3) What nourish	es you, gives you s	strength and ma	akes you happy?	
o) <u></u>	<u> </u>	sa ongar ana me		
	eam that you may to ult to achieve at the		or goals that you would like to a	chieve (even if