

Client Intake Form

(Confidential—for Practitioner’s use only)

Personal Information

Name:

Date:

Address:

E-mail Address:

Home Phone:

Work Phone:

Cell Phone:

Occupation:

Referred by:

Emergency Contact: (name, relationship and phone number):

Relationship Status: Married Divorced Single Committed Relationship

Number of Children and ages:

Date of Birth:

Height:

Weight:

Reason for visit:

Date of onset of illness or problem:

Current/previous treatment for above:

Current Medications/Supplements (including vitamins and herbs):

Current Complementary Therapies/Treatments (Including Acupuncture, Massage, Chiropractic, Counseling, Psychotherapy, Bioenergetics, etc.):

Eating Habits/Diet (describe generally):

Amount Daily Intake:

Water:

Caffeine:

Alcohol:

Tobacco:

Fitness Routine:

Health History

Please describe your health in general in the following areas and then summarize your history in the following areas:

Physical (chronic conditions, major illnesses, surgeries, accidents, traumas, etc.)

Mental (clarity of thought, memory, organizational abilities, study habits, ability to process and follow directions, etc.)

Emotional/Psychological (divorce, losses, self-esteem, mental illness, mood swings, substance abuse, eating disorders, sexual abuse, etc.).

Spiritual (connections, past and present practices, workshops, training, etc.)

Have you ever been diagnosed, treated or hospitalized for mental illness. If so, please give details:

Core Qualities/Pleasure

What are your strengths/qualities that you feel good about?

What kinds of activities give you pleasure?

Additional Information

What else would you like me to know about you?

What would you like to receive from this work today?