

## HUMAN INTAKE FORM (CONFIDENTIAL)

### General Information

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Name

Date

Primary Phone

Email address

Address; state and zip

Date of Birth

Emergency Contact Name

Emergency Contact Phone Number(s)

### Presenting Issue(s)

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Date of Onset

Initiating Cause

Contributing Factors

Previous and Current Treatment for Above

Current Medications/Supplements: *Please specify what each medication is for and duration of treatment.*

## **Lifestyle**

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Occupation: *Employment, child rearing, caregiver*

Physical exercise: *Please list activities and amount of time you engage in them per week*

Dietary Habits: *Are you on a special diet?*

Allergies and Sensitivities: *Food and Environmental*

Please describe your regular use of the following: *Daily, weekly, occasionally?*

Alcohol

Recreational drugs

Tobacco

## **Medical History**

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Please describe any traumatic, or life threatening events that occurred in your life, and when they occurred: *Deaths, divorce, abuse, accidents and other significant events*

Please list any injuries or accidents you have had: *Not included in above*

Any mental or emotional issues presently or in the past? *Depression, anxiety, eating disorder, substance abuse. If so, please include any diagnosis and current medications*

Do you have any cardiovascular/heart related health issues? *High/low blood pressure, heart attack, past surgeries, pacemaker, etc.*

Please list any surgeries you have had and when:

Any additional medical history I should be aware of and dates:

### **Healing Session Preparation**

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What are your passions and vision for your life?

What would you like to change as a result of your healing session?

Anything else that you want to add: