

## Intake form

### Conscious Healing

*Please complete this questionnaire as truthfully and completely as possible. Your answers will help determine if treatment can be beneficial. Recommendations made will be clear and you will be supported in assuming appropriate responsibility for your own health. If you are willingly involved and receptive in your healing process and sincerely believe that your condition will respond satisfactorily, treatment will have the most benefit.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers (work & home): \_\_\_\_\_

E-mail \_\_\_\_\_ SS# \_\_\_\_\_

Referred by \_\_\_\_\_

Relationship status: D M Sep S W sex: M or F Height and Weight: \_\_\_\_\_

Birth date: \_\_\_\_\_ City & Country of birth: \_\_\_\_\_

Desiring to file for insurance yourself? Y N If so, you will be given a diagnosis that you will file to your company.

What is your reason for treatment and presenting issue?

\_\_\_\_\_

\_\_\_\_\_

What do you hope for and what are your expectations from these sessions, present and long-term?

\_\_\_\_\_

\_\_\_\_\_

What do you believe about your situation and/or the areas of your body or life it is affecting?

\_\_\_\_\_

\_\_\_\_\_

Any previous treatments or counseling, etc.? For what and for how long?

\_\_\_\_\_

\_\_\_\_\_

Name any physical issues that you are having.

\_\_\_\_\_

\_\_\_\_\_

Are you doing your life's work? What is your longing in life?

\_\_\_\_\_

\_\_\_\_\_

Please list any diagnosis, medications and use, supplements that you are taking, as well as other information that you would like me to know. Use the back of this page if necessary.

\_\_\_\_\_

\_\_\_\_\_