Confidential Health Intake Form

Today's Date: _____

Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Phone: _____ Legal guardian if under 18: _____

Occupation: _____ Living Situation: _____

Military Branch and years: _____

Prior Energy Therapy experienced? _____

Current overall health condition: Excellent Very good Good Fair

To what do you attribute your current situation, symptom of health issue? _____

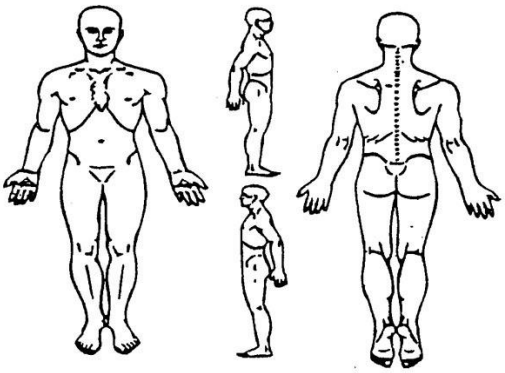
Medical History and Information

Your Primary reasons for seeking Energy Therapy / Reflexology

- ☐ Increase Relaxation
- ☐ Pain Management
- ☐ Chronic Illness/Disease
- ☐ Emotional Support
- ☐ Trauma
- ☐ Stress Management
- ☐ Headaches
- ☐ Surgery Support
- ☐ Spiritual Support
- ☐ Other
- ☐ Anxiety/Depression
- ☐ Back Pain
- ☐ Cancer Treatment Support
- ☐ Major Life Change/Loss

With the following scale, rate the areas of concern at this time: **Blank = None** **1 = Minimal** **5 = Moderate** **10 = Extreme**

- ___ Personal Relationship
- ___ Physical Health
- ___ Emotional/Mental Health
- ___ Finances
- ___ Eating Issues
- ___ Addiction
- ___ Depression
- ___ Mod Swings
- ___ Anger issues
- ___ Anxiety
- ___ Panic or anxiety attacks
- ___ Emotional trauma/PTSD
- ___ Memory problems
- ___ Headaches/Migraines
- ___ Pain
- ___ Fatigue/lethargy
- ___ Allergies
- ___ Hormonal issues
- ___ Sleep difficulties
- ___ Pregnant
- ___ Arthritis
- ___ Varicose Veins
- ___ Diabetes
- ___ Sprains/Strains
- ___ Blood Clots
- ___ Others



Please Indicate Any Areas of Discomfort, Tension, or Soreness on the Body Map

List all medications/herbsvitamins: _____

List physical activities you participate in regularly: _____

What movements or activities are limited: _____

List previous major injuries/surgeries: _____

_____

What other treatments are you receiving and by who (acupuncture, physical therapy, chiropractic, naturopathic)? _____

_____

What seems to help most? _____

What is your main activity at work?

- ☐ On the phone
- ☐ Computure Work
- ☐ Walking
- ☐ Sitting
- ☐ Driving Car/Truck
- ☐ Other: _____

What do you do to relieve stress? _____

What do you hope to experience from this sessions? _____

_____

Véronique Viola, HTCP