

Health & Healing Strategy Session Intake

This information is confidential and will only be released with your signed consent.

Name _____ Today's date _____
Last First middle initial
Address _____ Birthdate _____
Age Sex Height Weight
Phone: Cell: _____ Home: _____ Legal status: S M D Sep W
e-mail address: _____ Occupation _____
Messages for you may be left at (check all that apply): home ___ cell ___ e-mail ___
Emergency Contact name & phone: _____
Referred by _____ Retired: Yes ___ No ___

My biggest physical/emotional concern or stress right now is: _____

The one thing that would make my life even better this year is: _____

Please rate the areas that are MOST VALUABLE to you in order, with the first being most important.

- Health
- Wealth
- Spirituality
- Family
- Work
- Play
- Self Esteem/Self Worth
- Home Environment

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

How do you CURRENTLY prioritize these 7 things? 1 is the top priority.

- Health
- Wealth
- Spirituality
- Family
- Work
- Play
- Self Esteem/Self Worth
- Home Environment

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

How much do you set aside to invest in your health each month (This includes bodywork, nutrition, chiropractic, homeopathy, counseling, doctors, supplements, medications, etc.)?

- \$0-250
- \$251-500
- \$501-1000
- \$1001-1500
- \$1501-2000
- \$2000+

What have you done for your health that has worked?

What have you done for your health that has NOT worked?

____ YES, I am ready to rid myself of physical symptoms and want to discuss the potentials.

____ YES, I want to shift my limiting beliefs and old patterns stuck in my mind and body.

____ YES, I am willing to commit to healing myself and becoming the healthiest “me” possible.