

Intake-Healing Touch

Name _____ Date _____

Preferred Name _____ Pronouns _____

DOB _____ Current Age _____ Gender _____

Address _____

Cell Phone Number _____ Is it Ok to call/text/leave messages? _____

Preferred email _____ Occupation _____

Reason(s) for Visit (current issues, concerns, goals)

Significant Life Events (please provide a brief timeline)

Medical History (diagnosis, major illness, surgery)

Current Healthcare Providers(Specialty, traditional and integrative)

Medications & Supplements

Social Situation(support system, relationship status, family, pets, etc.)

Lifestyle & Self Care(exercise, diet, sleep habits, relaxation, spiritual practice)

What brings you Joy? (what was your favorite thing to do as a kid?)