



# WHOLISTIC HEALTHCARE

*tapping your way to freedom...*

## CLIENT INTAKE FORM

(Strictly Confidential)

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

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Contact Method: Text  Call  Email  Marital Status \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_

Children (ages) \_\_\_\_\_ Siblings (ages) \_\_\_\_\_

List your major challenges you'd like to overcome in order of importance to you, and how long you have been experiencing each one:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

List 4 things you want more of in your life:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

If you have health challenges, what are they? \_\_\_\_\_

If so, what are the most contributing factors? (Diet, lifestyle, relationships, stress (topic), finances, work—Rank in order.)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_



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Are you under the care of a physician and if so, what for? \_\_\_\_\_  
\_\_\_\_\_

Are you currently or have you in the past used services of a chiropractor, acupuncturist, holistic health or nutritional consultant? \_\_\_\_\_

List any current medications you are currently taking and how long: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If true, finish this sentence: "I have not been well since" .... \_\_\_\_\_

Do you have pain in any part of your body? If so where, and how long? \_\_\_\_\_  
\_\_\_\_\_

Have you had any of the following: surgeries, shocks, traumas, injuries, falls, abuse?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consume any of the following? If yes, indicate how much:

Alcohol \_\_\_\_\_ Cigarettes \_\_\_\_\_

Coffee \_\_\_\_\_ Recreational Drugs \_\_\_\_\_

On a scale of 1-10, how committed are you to addressing your Problem/Pain/Issue/Symptom? \_\_\_\_\_

Who were you closest to growing up? \_\_\_\_\_

What part did they play? \_\_\_\_\_  
\_\_\_\_\_