

Please take the time to fill this out with as much detail as you are comfortable with.  
The questions are close together on the form, but you can create as much space as you  
need to answer each question.

CLIENT INTAKE INFORMATION  
HEALING TOUCH/ HERBAL/ MANUAL THERAPY

NAME: DATE:  
AGE/DOB ADDRESS: PHONE:  
EMAIL:

WHO REFERRED YOU?

REASON FOR APPT:

WHAT IS IT YOU HOPE TO ACHIEVE FROM THIS APPOINTMENT?

ANY KNOWN IMBALANCES:

CURRENT LIVING SITUATION:

CURRENT WORK SITUATION:

HEALTH CARE PROFESSIONALS YOU ARE WORKING WITH:

CURRENT MEDICATIONS,SUPPLIMENTS,

PAST SURGERIES

PAST INJURIES OR SIGNIFICANT HEALTH PATTERNS  
PERTINENT FAMILY MEDICAL HISTORY

TYPICAL DAY OF MEALS/FLUIDS: (how I usually eat, favorite foods, food sensitivities, include drugs and alcohol use, etc...)

DESCRIBE YOUR DIGESTION

DO YOU SMOKE?

WHAT DO YOU DO FOR EXERCISE?

HOW DO YOU GENERALLY FEEL EMOTIONALLY?

ARE YOU BOTHERED BY WEATHER CHANGES?

DESCRIBE YOUR SLEEP PATTERN

DO YOU LIKE YOUR BODY?

WHAT DO YOU DO FOR HOBBIES/RECREATION?

WHAT GIVES YOU JOY?

IS THERE ANYTHING ELSE YOU THINK ITS IMPORTANT FOR ME TO KNOW  
RIGHT NOW?