

Elemental Holistic Therapies

CLIENT INTAKE SHEET

Name _____ Date _____

Address _____

Phone #'s (hm) _____ (wk / cell) _____

Email address _____ Referred by _____

Birth Date _____ Occupation _____

Emergency Contact Info: _____

1. Generally, are you in good health: Yes or No _____

2. Have you tried other wholistic therapies before / which ones? _____

3. What is your reason for today's visit? _____

4. What prescription drugs / supplements are you taking? _____

5. Do you get at least 6 hours of uninterrupted sleep at night? _____ If not, why not: _____

6. List any serious illnesses: _____

7. List any past surgeries: _____

8. How is your anxiety / stress level today: _____

9. How is your anxiety / stress level generally: _____

10. How is your blood pressure? High Low Normal Stable Erratic

11. Are you / do you have: Diabetic _____ Pacemaker _____ Transplant Recipient _____

12. Are you experiencing any of the following:

- | | | |
|--------------------------|----------------------------|--------------------------|
| _____ Fainting/Dizziness | _____ Hypo / Hyper Thyroid | _____ Anxiety |
| _____ Heart disease | _____ Arthritis | _____ Allergies / Asthma |
| _____ Chronic Fatigue | _____ Osteoporosis | _____ Depression |
| _____ Headaches | _____ Bouts of Anger | _____ Fibromyalgia |

Bursitis/Tendonitis Nerve pain / damage Multiple Sclerosis
 Reproductive issues Digestive issues Other _____
 Decreased Range of Motion (if so where) _____

	None	Light	Moderate	Heavy
Salt				
Sugar				
Caffeine				
Tobacco				
Alcohol				
Exercise Level				
Water				

Alison Zeidler offers holistic / complementary therapies and does not diagnose or prescribe medication. Her approach to your well-being incorporates the use of complementary therapies to trigger your body's innate ability to heal itself. Holistic / complementary therapies are not a substitute for medical care, and I acknowledge that no guarantee has been provided to me regarding the results of my session.

Holistic therapies relieve stress and tension; some people may feel quite tired and others refreshed. When your body is relaxed and becomes more balanced, toxins can be released – some temporary side effects may occur such as feeling cold, a runny nose, headache, slight nausea.

I understand that payment is due at the time the services are provided; I may be billed for missed appointments unless I provide 24 hours cancellation.

My signature below indicates that I have read and understood this document, and that the information I have provided is accurate; I understand that my therapist must be fully aware of any existing medical conditions.

Signature

Date

Are there any aspects of your life that need attention, or that you are having issues with, or that you would like to change?

Physical: _____

Mental: _____

Emotional: _____

Spiritual: _____

Relationships: _____

Work / Career: _____

