**PART ONE**

**FULL NAME:**

**REFERRED BY:**

**IF CLIENT IS A MINOR WHO IS THE RESPONSIBLE PARTY:**

**ADDRESS:**

**PHONE:**

**EMAIL:**

**INTAKE DATE:**

**BIRTHDATE:**

**AGE:**

**FAITH PREFERENCE:**

**PART TWO**

**HISTORY / NOTEWORTHY EVENTS:**

**(trauma, death, break up, divorce, etc.)**

**CONCERN #1:**

**How problematic, stressful or difficult is this?**

**Rate on a scale of 0-10 (zero meaning no problem at all and 10 being a BIG concern)**

**How long has this been going on?**

**CONCERN #2:**

**How problematic, stressful or difficult is this?**

**Rate on a scale of 0-10 (zero meaning no problem at all and 10 being a BIG concern)**

**How long has this been going on?**

**CONCERN #3:**

**How problematic, stressful or difficult is this?**

**Rate on a scale of 0-10 (zero meaning no problem at all and 10 being a BIG concern)**

**How long has this been going on?**

**CONCERN #4:**

**How problematic, stressful or difficult is this?**

**Rate on a scale of 0-10 (zero meaning no problem at all and 10 being a BIG concern)**

**How long has this been going on?**

**PART THREE**

**HISTORY:**

**This section is designed to gather information about experiences with these concerns in the past, which can help identify areas to focus on for an ultimate healing process (this entire section is optional BUT helpful).**

1. **Did your family situation while growing up relate to any/all of these concerns? How?**
2. **What (if anything) triggered the onset of any of these concerns?**
3. **Are there any experiences you feel may be related to any of these concerns, even indirectly?**
4. **Please list any family members or partners who have or have had similar concerns.**
5. **Please describe anything else that may be pertinent or useful to know.**

**PART FOUR**

**GOALS AND VISUALIZATION: This section will help you create the idea of what you want. This can help you look for conflicts/imbalances, so you can focus on targeted work and potentially achieve your goals faster.**

1. **If these problems suddenly disappeared, what would you be able to do differently?**
2. **If you felt good and energetic all the time, how would you help the world?**
3. **What would and average day look like if you never had to worry about these concerns again?**
4. **If these concerns went away tomorrow how would you feel? (focus on each concern at a time if you think it may be helpful).**
5. **Load up on these positive feelings and get excited about the future! What do you feel now?**

**PART FIVE**

**SINGLE?**

**MARRIED?**

**MARRIED TO:**

**AGE AT MARRIAGE:**

**NOT MARRIED, LONG TERM RELATIONSHIP:**

**AGE AT DIVORCE:**

**SIBLINGS IN BIRTH ORDER INCLUDING YOU:**

**CHILDREN: (Birthed? Adopted? Miscarriages? Abortions?)**

**GRANDCHILDREN:**

**PARENTS:**

**PARENTS NEVER MARRIED:**

**MARRIED:**

**DIVORCED:**

**HOW MANY YEARS OF MARRIAGE:**

**MOM LIVING:
DAD LIVING:**

**RELATIONSHIP CLOSE TO MOM:**

**RELATIONSHIP CLOSE TO DAD:**