

**Client Interview**

Hints of Tomorrow

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

Address\_\_\_\_\_

Phone Number\_\_\_\_\_ Spiritual Practice\_\_\_\_\_

Occupation\_\_\_\_\_ Referred by\_\_\_\_\_

Personal Stress\_\_\_\_\_

Work Related Stress\_\_\_\_\_

Stress Reduction/Relaxation/Exercise\_\_\_\_\_

Meditation\_\_\_\_\_ Daily\_\_\_\_\_ Times/Week\_\_\_\_\_ Occasionally\_\_\_\_\_ Never\_\_\_\_\_

Journal\_\_\_\_\_ Daily\_\_\_\_\_ Times/Week\_\_\_\_\_ Occasionally\_\_\_\_\_ Never\_\_\_\_\_

Current Health Care Providers\_\_\_\_\_

Current Medications\_\_\_\_\_

Significant Medical/Sleep History\_\_\_\_\_

Smoke\_\_\_\_\_ Drink Alcohol\_\_\_\_\_ Weekly\_\_\_\_\_ Occasionally\_\_\_\_\_

Reason for appointment\_\_\_\_\_

Client Signature\_\_\_\_\_ Date\_\_\_\_\_