

New Client Information
Happy and Healthy LLC
Lakel Permann (208) 318-6209

To make our time together as valuable, efficient and relevant as possible, please answer these questions as thoughtfully as you can in complete sentences. One-word answers will not give me enough insight into how I may serve you most beneficially. Don't be shy! This is just between me and you.

Please note-In the USA, we need disclaimers. The following information needs to be read and acknowledged before our appointment . Upon reading the "Hold Harmless" form, you will see the intake information. By providing me with the intake information, you are hereby providing an "electronic signature" to the "Hold Harmless" form. If you have any questions, please feel free to email me at lakelpermann@hotmail.com or call me at (208) 318-6209.

Name:_____ Email:_____

Preferred phone number:_____ Birthdate:_____

What is your #1 complaint or allergy?

How is this impacting your life?

Do you have a medical condition(s) that has been diagnosed by a physician?

Please list any stress or anxiety symptoms you are experiencing (such as panic attacks, PTSD, obsessive compulsive behaviors, depression, mood swings, feeling overwhelmed, etc.)

Are you having difficulties in your relationships with family, friends, or others?_____

Are you able to speak openly about you needs or care for you own emotional wellbeing?

Are you aware of childhood traumas, family problems, or abusive experiences of any kind that may be having a lasting effect on you?

List food allergies:_____

List environmental allergies:_____