



Client Intake

Name _____ DOB _____

Address _____

Phone _____ Email _____

Marital status ☐ S ☐ M ☐ D ☐ W

Emergency contact: Name _____ Phone _____

Referred by _____

Do you have a pacemaker or any internal device that magnets would interfere with? ☐ Y ☐ N

Please list medications or supplements you are currently taking _____

Please list any diagnosis you've been given _____

Please list any physical issues you are experiencing _____

Please explain reason/focus for first appointment:

How long have you had distress regarding this? _____

Source or cause (if known) _____

If you've sought assistance with this before, please list therapeutic methods you've experienced (conventional, integrative or holistic) and whether or not they were effective (on a 1-10 scale):

Please indicate any of the following areas you may want to address in future sessions:

- | | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|--------------------------------|---|
| <input type="radio"/> Relational | <input type="radio"/> Work/Career | <input type="radio"/> Performance | <input type="radio"/> Social | <input type="radio"/> Dreams/nightmares |
| <input type="radio"/> Physical | <input type="radio"/> Financial | <input type="radio"/> Fear | <input type="radio"/> Academic | <input type="radio"/> Family dynamics |
| <input type="radio"/> Spiritual | <input type="radio"/> Past Trauma | <input type="radio"/> Parenting | <input type="radio"/> Sports | <input type="radio"/> Life optimization |
| <input type="radio"/> Mental | <input type="radio"/> Sexual | <input type="radio"/> Business | <input type="radio"/> Other | _____ |

Client Disclaimer



Disclaimer

We appreciate the opportunity to discuss your issues and concerns. We wish to make it clear that our intent is not to diagnose or treat any diseases or disorders. We are not mental health professionals, counselors or licensed therapists. We offer recommendations and information on how to help you establish a healthy order in your daily life. If you need medical advice, please consult a physician or medical provider. If you are in an urgent or emergency situation, please contact an emergency provider. We are not staffed to provide urgent or crisis support. It is **not** our intent to replace your medical provider(s).

Confidentiality

Healing House and all representatives consider your privacy to be of utmost importance. Your personal information and sessions are kept confidential.

Cancellation Policy

Appointment cancellations or changes must be made at least 24 hours prior to the scheduled appointment time. Late cancellations or missed appointments may result in a cancellation fee.

By emailing or presenting this form with my signed or typed signature, I confirm I have read and understand the document, including disclaimer. If Client Intake form was also delivered, I confirm it was completed with information that is accurate to the best of my knowledge.

Signature (sign or type full name)

Date



**Please email completed form to office@healing-house.com
or bring it with you to first appointment**

*I give myself permission to let go of any internal unresolved conflict
that keeps me from living my life to the fullest 😊*