CONFIDENTIAL CLIENT INTAKE FORM

***Help us to help you!*** *Please completely fill out this confidential form,*

*and bring it with you to your session 🖅 Thank you!*

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt/Suite: \_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Email:

Evening Phone: ( ) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: Sex: Marital Status:

General Health: 🞎Good 🞎Fair 🞎Poor Months since last physical exam: \_\_\_\_\_\_\_\_

Are you currently taking any medication? (Please list • include any pain medications):

In the past 12 months, have you seen a professional for: 🞎Massage Therapy 🞎Nutrition

🞎Acupuncture 🞎Traditional Chinese Medicine 🞎Personal Fitness Training

🞎Stress Management 🞎Yoga 🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many cigarettes do you smoke per day? \_\_\_ What is the most you’ve smoked? \_\_\_

What age did you start smoking? \_\_\_\_ and why?

Are you addicted to nicotine? 🞎Yes 🞎No

What methods (if any) have you used to try to stop smoking before? 🞎Patches 🞎Gum 🞎Pills/Lozenges 🞎Acupuncture 🞎Willpower 🞎Hypnosis 🞎Other\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the longest amount of time you’ve gone without a cigarette? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your physician recommended that you stop smoking? 🞎Yes 🞎No

Physician’s name and office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_**-**\_\_\_\_\_\_\_

Names and relationship of loved ones:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you reach for a cigarette? ✓Check all activities that apply to you.

🞎upon waking 🞎with coffee 🞎while driving 🞎on breaks 🞎walking 🞎before meals 🞎during meals 🞎after meals 🞎when drinking 🞎watching TV 🞎after sex 🞎reading 🞎social events 🞎on the phone 🞎before bed 🚭others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your top reasons for wanting to become a permanent non-smoker?

⮚ 1) In the boxes, rate the intensity from 1 to 10. 10 being the strongest ⮘

⮚ 2) Circle the 3 most important reasons why you want to become a non-smoker ⮘

**1** • didn’t notice **5** • it’s annoying **8** • driving me nuts **10** • must change now!



Rating

* I’m tired of being controlled by cigarettes. Sick of being a slave to a filthy habit.
* The cost. I have much better things to do with my hard-earned money.**($1,500-$3,500yr)**
* I want to be there for my 🞎children 🞎grandchildren, and watch them grow up.
* It’s time to get healthy again, and begin reversing the damage before it’s too late.
* Concern for future health. I’d like to avoid those 36 diseases that smoking creates.
* I am tired of my cough and frequent colds. I want to feel better more often.
* I hate this shortness of breath & lack of energy. I want my body to perform again.
* I don’t want to die, and lose those 14 years of life that the average smoker forfeits.
* I don’t want the ones I love to have to watch me die from cancer or emphysema.
* I hate feeling looked down on by others. I’m tired of sneaking away for a smoke.
* Planning my life around my habit takes way too much effort. (Running out at night...)
* I hate the smell on my breath, hair and clothes. Or the taste left in my mouth.
* I’m tired of tearing myself away from others to stand alone in the rain and cold.
* To avoid premature aging (gray wrinkled skin, yellow teeth, deep scratchy voice)
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us, or who can we thank? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_