



AIT HISTORY INTAKE FORM

Client History: Please use this format to prepare your history if possible.

Date of first session:

Name, address, phone number, e-mail,

Date and place of Birth:

1) Childhood, including:

- a. Conception, gestation and birth.
- b. Siblings and their ages.
- c. What each parent was like during your childhood.
- d. Your relationship with each parent during your childhood.
- e. Your parent's relationship with each other.
- f. Any other significant relationship if relevant (e.g., grandparents)
- g. Childhood traumas, upsets, issues.
- h. Childhood medical history including gestation, birth, vaccinations, illnesses, allergies, broken limbs, etc.
- i. Childhood development issues, if any.
- j. Childhood spiritual history, if any.

2) Complete adult medical history.

3) Current diseases, allergies, accidents and injuries, sexual concerns, or other issues.

4) Complete adult history.