**Integral Breath Therapy**

**Client Intake Form**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Health Information**

Describe any current or recent body problems.

Describe any current or past body issues.

Describe your general health.

Briefly give history of health and illness.

Describe any drug use, both prescription and/or recreational.

Describe any current addictions, including food, alcohol, and/or cigarettes.

**Birth Information**

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Siblings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what kind of facility were you born?

Planned pregnancy? Were you wanted – By your mother? By your father?

List any specific physical or emotional difficulties during your mother’s pregnancy with you.

What do you know about your mother’s labor and delivery?

Describe the circumstances around your birth (early or late, forceps, anesthesia, caesarean, breech, induced, cord around neck, etc.?).

Describe any miscarriages, abortions, or fetal deaths before or after you.

Where was your father on the day you were born?

Were you breast-fed? If not, why not?

Describe the attitude of parents, siblings, or other family members regarding your birth

**Infancy, Childhood, & Family**

Describe your parents’ relationship – past and present. Any other significant caregivers?

What did you like about your mother, father, caregivers?

What did you not like about your mother, father, caregivers?

Briefly describe your infancy and childhood.

List age and details of childhood injuries, surgeries, illnesses, accidents, and/or emotionally traumatic events.

Are you married or have you been married? Elaborate.

Describe current or most recent primary relationship.

Discuss significant attitudes about sex. How do you feel about your sexuality?

List name, age, and sex for each of your children (if applicable).

**Emotional Anatomy**

Describe any current or recent emotional issues.

List forms of past or present therapy. Describe any prior emotional process work. List medications.

What is your most negative thought about yourself?

What is your most negative thought about life?

What is your most negative though about relationships?

Circle the emotion that is easiest for you to express:

Anger Sadness Fear Joy

Circle the emotion that is the most difficult or least often expressed:

Anger Sadness Fear Joy

What are your major fears? How do you deal with fear?

What are your major angers? How do you deal with anger?

Briefly describe any spiritual or religious beliefs.

What would you like to accomplish with this work?

Miscellaneous information: