

Biofield Therapy & Healing Touch Client Intake | 2012

Please Initial that the Living Well Dallas Client Profile form is on file before proceeding: _____ YES

Client Name: _____ Date _____

If additional space needed please use back or bring copy of relevant information for file

1. Reason For Biofield Therapy (BT)/ Healing Touch (HT) Session
2. Occupation/Education (professional, work life info)
3. Experience with Biofield Therapies/ Energy Medicine/ Healing Touch
4. Living Situation (include family, pets, and how you feel about your home and relationships)
5. Health Care Professionals/ Other types of treatments/ How often received – when most recent session?
6. Relevant Health History
7. Medications/ Supplements
8. Smoking/Caffeine/Alcohol/other health compromising habits
9. Nutrition/ Water (number of ounces daily and type of liquids)
10. Elimination/Constipation (is bowel moving daily?)
11. Sleep (Number of hours per night, Quality of sleep, times wake up, Supplements or Sleep aids taken)
12. Stressors (use scale of 0 to 10 and you choose whether 10 is high or low/ positive or negative)
 - Physical (pain, fatigue, stamina, injury)
 - Emotional (anxiety, worry, depression, joy)
 - Mental (recurring thoughts, focus, recall, memory)
 - Spiritual (as you define God, divine guidance, higher power or flow in your life)
 - Other (financial, work, spouse, parents, kids, friends, school, recreation)
13. Life Rhythm/Exercise
14. Relaxation/Self Care
15. Religion/ Spiritual Practice/ Core Values - Beliefs
16. Social Supports
17. What do you believe is the reason for your current health concern/situation?
18. Any questions or comments about Healing Touch or your current challenges/goals?