

**HEALTH RENEWAL INTAKE FORM**

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| All questions contained in this questionnaire are strictly confidential and will become part of your record. |
| **Name**  |  | 🞎 M 🞎 F | **DOB:** |  |
| **Address:**  |  |
| **Phone:** |  | **Email:** |  |
| **Emergency Contact:** |  | **Legal Guardian if Under 18:** |  |
| **Referred by:** |  |  |  |
| Primary reasons for considering Personal Energy Management: |
| 🞎 | Increase relaxation | 🞎 | Chronic Illness/Disease | 🞎 | Trauma |
| 🞎 | Stress Management | 🞎 | Surgery Support | 🞎 | Other |
| 🞎 | Anxiety/Depression | 🞎 | Cancer Treatment/Support | 🞎 |  |
| 🞎 | Pain Management | 🞎 | Emotional Support | 🞎 |  |
| 🞎 | Headaches | 🞎 | Spiritual Support | 🞎 |  |
| 🞎 | Back Pain | 🞎 | Major Life Change/Loss | 🞎 |  |
| With the following scale, rate the areas of concern at this time: |
| Blank = None 1 = Minimal 5= Moderate 10 = Extreme |
| \_\_\_ | Personal Relationships | \_\_\_ | Depression | \_\_\_ | Headaches |
| \_\_\_ | Physical Health | \_\_\_ | Mood Swings | \_\_\_ | Pain |
| \_\_\_ | Mental/Emotional Health | \_\_\_ | Anger Issues | \_\_\_ | Fatigue/Lethargy |
| \_\_\_ | Work | \_\_\_ | Anxiety | \_\_\_ | Hormonal Issues |
| \_\_\_ | Finances | \_\_\_ | Panic or Anxiety Attacks | \_\_\_ | Allergies |
| \_\_\_ | Eating Issues | \_\_\_ | Emotional Trauma/PTSD | \_\_\_ | Sleeping Issues |
| \_\_\_ | Addiction | \_\_\_ | Memory Problems | \_\_\_ | Other (list) |
| What do you hope to experience from this session? |
| To what do you attribute your current situation, symptom or health issue? |
| Prior Energy Therapy Experience? 🞎 Yes 🞎 No  |

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| Current self-care practices (exercise, meditation,relaxation, body care, journaling, etc.): |
| Sleep quality and sleep aid usage: |
| Daily water amount: |
| Caffeine/alcohol/tobacco/drug usage/amount:🞎 Alcohol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Drug Use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Tobacco \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Marital status:**  | 🞎 Single 🞎 Partnered 🞎 Married 🞎 Separated 🞎 Divorced 🞎 Widowed |
| Living Situation (i.e., pets, alone, home as respite, stressful, etc.) |
| **Education/Occupation:**  |  |
| Hobbies and Interests: |
| Spiritual beliefs/practices/affiliations: |
| **Is your belief of support to you?** |  | **Word(s) you use for Higher Power:** |  |
| Is there anything else you want me to know? |
| Any questions about Health Renewal? |