

## Individual Adult Intake

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

Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ # of hours you work per week? \_\_\_\_\_

Do you enjoy your work? \_\_\_\_\_

Relationship status: \_\_\_\_\_

Spouse / Partner's Occupation: \_\_\_\_\_

Children: List Names and Ages:

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Who lives in your household? \_\_\_\_\_

### **General Health:**

Physician's Name / Address / #: \_\_\_\_\_

Do you sleep well? If not, please describe?

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Do you wake up during the night? \_\_\_\_\_

How do you usually feel in the morning? \_\_\_\_\_

How is your digestion? \_\_\_\_\_

Do you have frequent constipation or diarrhea? \_\_\_\_\_

2.

Please list any major illnesses, injuries, or surgeries recent or past:

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Do you take any prescribed medications?

Type:

Dosage

Do you take any over the counter medications?

How is the general health of your family members (mother, father, siblings)?

**Women:**

Please describe your menstrual cycle (PMS, symptoms, regularity):

*What is your diet like:*

*Do you get regular exercise?*

*Type of exercise you do:*

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*How Often?*

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3.

*What do you do to manage stress?*

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*What do you do to relax:*

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*If married or in a relationship, what do you do as a couple together?*

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*Is spirituality a part of your life (please describe)*

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*Is spirituality a part of your marital/couple relationship? (Please describe)*

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What are your expectations and goals for our session today / future sessions?

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Is there anything else you think is important for me to know about you?