

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:

Who lives in your household? _____

General Health:

Physician's Name / Address / #: _____

Do you sleep well? If not, please describe?

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:

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:

How Often?

3.

What do you do to manage stress?

What do you do to relax:

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

Is spirituality a part of your life (please describe)

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

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

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