

Sarah Craft Healing Client Intake Form

Personal Information

Name _____
Street Address _____
City _____ State _____ Zip _____
Mobile Phone _____
Home Phone _____
Email _____
Phone _____
Today's Date _____
Birthdate _____

What is the primary issue you would like to address (physical, mental, emotional etc)?

Have you seen another health care practitioner for this issue? Yes No

List any major injuries and/or surgeries you have had and approximate dates.

Briefly describe your quality of sleep and any desired changes in this area of your life.

Briefly describe your diet and any desired changes in this area of your life.

What do you do for exercise and how often?

Do you take any medications and/or supplements? If yes, please list and explain their purposes.

Family & Health Questions

What is your current age? _____

What is your marital status?

- Married
- Single
- Divorced
- Widowed

Number of children, names and ages:

Do you have a family history involving a significant health issue? Yes No

Has there been a significant loss of a loved one in your life? Yes No

Have you ever fallen hard on your tailbone? Yes No

Do you have any jaw issues, i.e. TMJ dysfunction, bruxism, etc? Yes No

Do you have digestive issues? Yes No

Are there any other issues that you'd like to address? Yes No

Women Only:

Are you pregnant or trying to become pregnant? Yes No

Are you menopausal and if yes, do you have any issues here? Yes No

Are your periods normal and regular? If not, please describe. ? Yes No

Is there anything about your reproductive health history that you'd like to share? If yes, please explain.

Beliefs & Goals

Do you have any spiritual, religious or philosophical beliefs that you'd like to share with me?

If there is something you could let go of, what would it be? What would you like to invite into your life?

Add me to the email list for free information about meetings, health news, specials, and events