

**HEALING TOUCH INTAKE INTERVIEW**

Date: \_\_\_/\_\_\_/\_\_\_

Practitioner: \_\_\_\_\_ Referred By \_\_\_\_\_

Client: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation/Education: \_\_\_\_\_

**Reason for Seeking HT Treatment(s):** \_\_\_\_\_

\_\_\_\_\_

**Social Support / Living Situation (family, alone, pets, etc.):** \_\_\_\_\_

\_\_\_\_\_

**Health Professionals Seen and When (circle what applies):**

Physician      Nurse Practitioner      Physical Therapist      Nutritionist      Chiropractor  
Counselor/Therapist      Other: \_\_\_\_\_

**Medical Problems/Health History (circle what applies):**

Heart      Lung      Digestive      Thyroid/hormonal      Bronchitis      Liver      Asthma  
Heart Attack      Stomach      Gall Bladder      Stroke      Reproductive Organs      Circulation  
Urinary Tract      High Blood Pressure      Clot      Colon      Sexual Assault/Abuse      Eating Disorder  
Seizures      Cancer      Diabetes      Vision      Kidneys      Hearing      Depression  
Weight Problems      Headaches      Serious Accident/Trauma      Alcohol/Drug Problems      Allergies

**Medications / Supplements (circle what applies):**

Over-the-Counter Medicine (OTC)      Prescription Medication      Homeopathics  
Vitamins/Supplement/Herbs/Remedies

**Do You Use? (Type/Frequency?):**    Alcohol                      Recreational Drugs                      Tobacco                      Caffeine

**Water Intake:**    Glasses per day? \_\_\_\_\_

**Elimination:**    Regular    Constipation

**Sleep Patterns:**                      Insomnia?                      Aides?

**Personal Stresses:** Use scale 0 (no stress) to 10 (extreme)

From: Illness\_\_\_\_\_Work\_\_\_\_\_Relationships\_\_\_\_\_Finances\_\_\_\_\_Loss\_\_\_\_\_

**Relaxation / Self Care: (circle what applies)**    Exercise/sports                      Hobbies                      Friends                      Support Groups

Describe:\_\_\_\_\_

**Is there anything else you want to tell me?** Questions about me / Healing Touch?

**Additional Information:**