



Sacred Approach Healing Arts INTAKE FORM

Name:	Email:
Address:	City,State,Zip:
Phone:	Birthdate:
Emergency Contact Name & Number:	

Part 1. Introductory - please only share what feels comfortable.

How would you define healing?

What are your goals for this session?

Describe your career:

Describe your family:

Describe your spirituality:

Part 2. General environment

Please list areas of your life that are particularly stressful right now:

Describe what you do to relax:

What do you enjoy about your life?

Part 3. Medical History

Describe the challenge(s) for which you seek help. Please include dates when each problem occurred:

Past medical history (previous injuries, accidents, surgeries, etc. Please describe and include approximate dates:

List the medications (including over the counter and supplements) you are presently taking:

What daily activities are you finding difficult or are limited because of your above complaints?

Please list any other kind of healthcare professional you are seeing for this/these challenge(s):

Please note anything else pertaining to these challenges you find important:

Please denote any areas of pain or discomfort:

Further comments here:

