



## Healing Touch Intake Form

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Cell Number \_\_\_\_\_ Text:  Yes  No

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name and phone number)

Please describe your living situation (alone, with others, pets, is home a respite or not, etc.?)

What are your hobbies and interests? How frequently do you engage in them?

What do you think are your strengths?

Are your spiritual beliefs/practices/affiliations a support to you?

Health History (List previous injuries, accidents, illnesses, that may be relevant.)

Current Health Condition:  Excellent  Very Good  Good  Fair  Poor

Current Health Concerns:

List your primary reasons for seeking Healing Touch. What do you hope to experience from the sessions?

Other concerns or information you wish to share: