

Healing Touch Intake Interview

Date ____ / ____ / ____

Practitioner: _____ Referred By: _____

Client: _____ Phone: _____ Date of Birth: ____ / ____ / ____

Address: _____

E-mail: _____ Occupation/Education: _____

1. Reason for Vist/Goals
2. Occupation (present, past), Education
3. Experience with Energy Medicine / Healing Touch
4. Living Situation (Family, Pets, Alone, Etc.)
5. Health Care Professionals / Others
6. Relevant Health History
7. Medications, Supplements
8. Smoking / Caffeine / Alcohol / Recreational Drugs
9. Nutrition / Water
10. Elimination / Constipation
11. Sleep (Insomnia, Aides)
12. Stressors
(Scale 0-10: Illness, Work, Relationships Finances, Loss)
13. Life Rhythm / Exercise
14. Relaxation / Self-Care
15. Religion / Spiritual Practice / Belief
16. Social Supports
17. What do you believe is the reason for your current health issues?
18. Anything else you want to tell me? Questions about me / Healing Touch?

