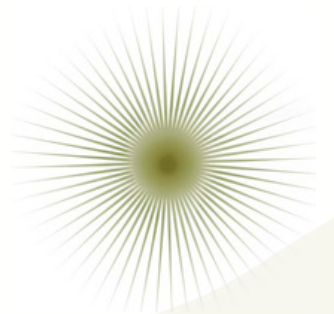


MY PATH OF HEALING

integrative healing & transformation



RETURNING CLIENT INTAKE FORM

Update contact information if it's changed from last visit

Name _____ Date _____ Email _____
Address _____ Date of Birth _____ Phone _____
Height _____ Weight _____ Occupation _____
Relationship Status _____ Number of Children _____
Referred by _____ Emergency Contact _____



Reason for visit _____

Date of onset _____ Sudden _____ Slow _____

Contributing factor for presenting complaint _____

Current/Previous treatment (for above) _____

Are you on any medication/supplements? Yes No If yes, which ones? _____

Current Therapies/Treatments _____

Are there any changes in your life that you would like to share with Tatiana? _____
