

Getting To Know You

Today's date:

Name:

Email:

Phone number:

INTENTION: What is your intention? What do you most **want** as a result of your session?

PART 1: Physical health information

- 1) Do you have any current physical problems or complaints complaints?
- 2) Please circle if you have or have had: High blood pressure Whiplash Headaches
- 3) Please list past accidents, injuries, illnesses, surgeries, and when they occurred.
- 4) Are you presently taking any medications or drugs? (name of medication, for what condition)
- 5) Are you presently using any recreational drugs, alcohol or nicotine? (amount per day / week)

PART 2: Emotional body

(optional: You may choose to address this part on your own timing, and/or in person)

- 1) Do you have any **emotional** concerns you would like me to know about?
- 2) Do you currently have support for these issues (e.g. psychotherapy, partner, friends)?
- 3) Are you aware of the ways in which it might get in the way of anything that you want or need to be able to do?