

# Health History Intake

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by? \_\_\_\_\_

Have you had experience with Healing Touch or other energy modalities: \_\_\_\_\_

Are you under the care of a doctor, counselor or other health care practitioners at this time? \_\_\_\_\_

\_\_\_\_\_ Primary Care Physician

\_\_\_\_\_ Other

Do you have any illnesses, injuries, trauma, or surgeries that may be affecting your health now? \_\_\_\_\_

If yes, please explain:

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Are you experiencing any symptoms (pain, tension, anxiety, etc)? \_\_\_\_\_

If yes, please explain:

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Does this affect your daily activities (sleep, exercise, decision-making, relationships)? \_\_\_\_\_

If yes, please explain:

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Please rate your symptoms/concerns that apply to you, using a 0-10 scale, 10 being the most intense/severe/challenging. Enter the number/rating in the box left of symptom/concern.

	Accident/Trauma		Depression		Mental Health
	Alcohol/drug use		Digestive Issues		Physical Health
	Allergies		Emotional Health		Post Operative Pain
	Anger		Grief/Loss/End of Life		Sexual Assault/Abuse
	Anxiety		Headaches		Stress (Home)
	Cancer Treatment Side Effects		Hormonal imbalances		Stress (Work)
	Chronic Pain		Memory Concerns		Other _____

My quality of sleep is poor, good or very good: \_\_\_\_\_

My daily nutritional intake is balanced: \_\_\_\_\_

My daily hydration is sufficient: \_\_\_\_\_

My bowel elimination is regular: \_\_\_\_\_

Do you partake in current self-care practices? \_\_\_\_\_

If so, what self-care practices do you enjoy? (i.e. physical activities, hobbies, meditation, guided imagery, journaling, supportive connections, acupuncture, qigong, massage):

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Share if willing, your spiritual or religious belief/practice/higher source. (i.e. nature, universal energy, mother earth, divine essence, spirit, God, Buddhism):

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What is your desired outcome for today's session? (i.e. relaxation, pain relief, improve health condition):

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Anything else I should know? Questions?

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In case of emergency, I authorize Lori Volding to contact the following person:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_