

# Client Intake Form

Please supply the requested information in the following blocks. All information received will be used solely for the purpose of this consultation and will remain confidential.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Employment /Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date \_\_\_\_\_

1. If you have ever taken flower essences before, please summarize your experience with them:

2. Please list any other health care practices that you are currently engaged in or have experienced in the past and briefly describe their effects. Also list any medications you are taking.

3. Tell me about your general state of health and family background:

4. An important part of flower essence therapy is establishing short and long term goals for our work together. Please describe your priorities for health and well-being in the following categories:

Physical:

Emotional:

Mental:

Spiritual:

5. What are your priorities for our first consultation?

*Thank you! Please use additional sheets of paper if necessary.*