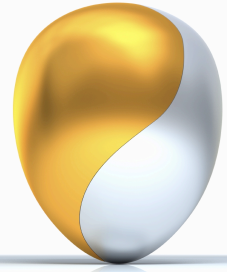


INTAKE FORM



MIND ENERGY BODY School of Transformation

6366 Fairways Drive, Longmont CO 80503
720-530-7621

NAME: _____

Email _____

Can I put you on mailing list Yes/No _____

ADDRESS _____

CITY/STATE/ZIP: _____

HOME/Cell PHONE _____ **WORK PHONE** _____

OCCUPATION/EMPLOYER _____

AGE _____ **BIRTHDATE** _____

EDUCATION _____

EMERGENCY CONTACT NAME AND NUMBER _____

MARITAL STATUS _____

CHILDREN? _____ **IF YES, AGES** _____

HAVE YOU EVER BEEN HOSPITALIZED FOR AN EMOTIONAL OR MENTAL REASON? HAVE YOU EVER RECEIVED A PSYCHOLOGICAL DIAGNOSIS. If yes, explain.

PLEASE DESCRIBE YOUR ALCOHOL OR DRUG USE?

HAVE YOU EVER RECEIVED ALTERNATIVE THERAPIES? EXPLAIN

ARE YOU CURRENTLY TAKING DRUGS OR MEDICATION? EXPLAIN. ALSO LIST PERTINENT MEDICAL HISTORY: DEPRESSION, INJURIES, FRACTURES, SKIN PROBLEMS, BLOOD CLOTS OR PHLEBITIS, INFLAMED OR VARICOSE VEINS, ALLERGIES, HYPERTENSION, ARTHRITIS, HIGH BLOOD PRESSURE, HEART CONDITIONS, INFECTIOUS DISEASES, OR ANY OTHER SIGNIFICANT MEDICAL PROBLEM. INCLUDE DATES.

MAJOR EMOTIONAL ISSUES CURRENT/PAST YOU FEEL ARE SIGNIFICANT FOR ME TO KNOW?

ARE YOU INVOLVED IN ANY OTHER THERAPY AT THIS TIME? EXPLAIN.

WHAT ARE YOUR EXPECTATIONS FROM THIS SESSION/SPECIFIC AREAS YOU WOULD LIKE ME TO ADDRESS (Presenting Issue)?

Family History and Genogram (to be completed by therapist).
