

IN JOY Client Intake form

Name _____

Phone # _____ E-mail _____

Date of birth (or current age) _____

Emergency contact: _____
(name) (phone #)

What are your reasons for wanting a session? Please describe current emotional or physical challenges _____

What kind of therapy and healing modalities have you done before?

Please mark any of the following that apply to you:

- _____ Cancer or terminal illness
- _____ Pacemaker/heart condition
- _____ Concussion/head injury in last 6 months
- _____ Recent broken bones

(Tuning forks cannot be used if you marked any of the above. Hypnotherapy and other modalities are still viable.)

Are you on any medications for anxiety or depression? _____

Describe a place (real or imaginary) where you feel peaceful and happy.(Example: the beach, a flower filled garden, a forest) This may be used in guided visualizations _____

Anything else you want to share that you feel would be pertinent to our session?
