



HARMONY HEALING
Patty Alfonso BMC, EHT
T: (424) 226-8249

New Client Intake Form

NAME _____ TODAY'S DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

H#: (_____) _____ W#: (_____) _____ C#:(_____) _____

OCCUPATION _____

BIRTHDATE _____ AGE _____ M ___ F ___ Driver's License# _____ exp date _____

RELATIONSHIP STATUS _____ SPOUSE/PARTNER NAME _____

NAMES & AGES OF CHILDREN _____

WHAT BRINGS YOU HERE TODAY?

LIST ANY SURGICAL OPERATIONS, BROKEN BONES, ACCIDENTS AND HISTORY OF PHYSICAL OR PSYCHOLOGICAL ILLNESS.

WHAT IS YOUR GOAL FOR OUR SESSIONS?

CURRENT OR PAST USE OF ANY PERScription OR NON-PRESCRIPTION DRUGS
___yes ___no Please list all current drugs and doses

WHAT OTHER KINDS OF HEALING/THERAPY WORK ARE YOU GETTING?

HABITS:
ALCOHOL USAGE _____ DRUGS (which ones) _____
TOBACCO _____ FOOD _____
EXERCISE (how often) _____ OTHER _____ COMMENTS: _____



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MY SUPPORT SYSTEM IS COMPRISED OF:

BRIEFLY DESCRIBE YOUR EXERCISE ROUTINE:

WHAT ARE THE PREDOMINANT EMOTIONS YOU EXPERIENCE?

DESCRIBE THE RELATIONSHIP THAT OCCUPIES MUCH OF YOUR THOUGHTS? _____

HOW DO YOU EXPERIENCE THE FEELING OF LOVE IN YOUR LIFE?

HOW EASY IS IT FOR YOU TO EXPRESS YOURSELF?

DO YOU TRUST YOUR INTUITION? _____

DO YOU PRACTICE MEDITATION? IF SO, HOW OFTEN? _____

IS THERE ANYTHING ELSE IMPORTANT YOU THINK I SHOULD KNOW?

IN CASE OF EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____ PHONE _____

PRINT YOUR NAME _____

SIGNATURE _____

THANK YOU AND WELCOME TO HARMONY HEALING!