INTAKE FORM

(Please complete and email to [betsy@grimmsituation.com](mailto:betsy@grimmsituation.com))

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date | | | | | | | | | | |
| Referred by | | | | Relationship | | | | | | |
| 1. Mailing address | | | | | | | | | | |
| 1. Telephone | | | | | | | | | | |
| 1. Cell phone / (other) - | | | | | | | | | | |
| 1. Work address | | | | | | | | Phone | | |
| 1. E-mail address’s | | | | | | | | | | |
| 1. Emergency contact / Phone / Relationship 2. Name/telephone of primary care physician | | | | | | | | | | |
| Place and date of birth | | | | | | | | Ethnicity | | |
| 1. Occupation | | | | | | | | | | |
| 1. Employer | | | | | | | | | | |
| 1. Hobbies or recreational activities | | | | | | | | | | |
| 1. Are you right or left handed? | | | | | | | | | | |
| 1. Do you have a pet? | | | | | | | | | | |
| 1. What is your religious or spiritual affiliation? | | | | | | | | | | |
| 1. Relationship status? | | | | | | | | | Who do you live with? | |
| 1. Are your parents alive? | | | | | | | | | If deceased, when? | |
| 1. Do you have siblings? 2. Do you have children? | | | | | | | | | Names and ages? | |
| 1. Are you a child of divorce? 2. Had traumatic separations? | | | | | | | | | Have you divorced? | |
| 1. Are you adopted? | | | | | | | | |  | |
| 1. Date of last physical examination exam | | | | | | | | | | |
| 1. Do you wear eyeglasses or contacts? | | | | | | | | | | |
| 1. Do you wear dentures/any prosthesis? | | | | | | | | | | |
| 1. Surgical history? | | | | | | | | | | |
| 1. List current medications | | | | | | | | | | |
| 1. Any medical restrictions/allergies? | | | | | | | | | | |
| 1. Do you regularly use any substances? If so, how much per week? | | Tobacco | | | | | Alcohol | | | Drugs |
| 1. Indicate health conditions/illnesses which apply to you? | | | | | | | | | | |
| addiction | eating disorder | | | diabetes | | | | | | pregnant |
| arthritis | epilepsy | | | menopause | | | | | | skin cancer |
| allergies | headache | | | back pain | | | | | | skin conditions |
| cancer | heart conditions | | | neck pain | | | | | | self harm |
| constipation / diarrhea | asthma | | | stomach pain | | | | | |  |
| alcoholism | HIV | | | vision problems | | | | | |  |
| Any diseases or conditions not listed? | | | | | | | | | | |
| 1. Any mental illness in your family? | | | | | | | | | | |
| 30. Have you suffered a recent injury? | | | | | | | | | | |
| 31. Prior injuries? What/When? | | | | | | | | | | |
| 32. Any chronic or acute, physical or emotional pain? | | | | | | | | | | |
| 35. Please indicate which of the following currently apply: | | | | | | | | | | |
| depression | anger | | | | | guilt | | | | loss of memory |
| mood swings | insomnia | | | irritability | | | | | | confusion |
| apathy | anxiety | | | fear | | | | | | paranoia |
| heartache | compulsiveness | | | loss of appetite | | | | | | exhaustion |
| nervousness | crying | | | overeating | | | | | | panic attacks |
| 36. Other symptoms or issues? Please explain. | | | | | | | | | | |
| Preferred bedtime? | | | Average amount of sleep? | | | | | | | |
| How would you assess your stress levels on a scale of 1-10? | | | | | | | | | | |
| 39. Are you currently in therapy? How long? | | | | | | | | | | |
| 40. Have you experienced any complementary / integrative (alternative) therapies? | | | | | | | | | | |
| acupuncture | yoga | | | | visualization | | | | | vibrational |
| acupressure | meditation | | | sound therapy | | | | | | rolfing | |
| aromatherapy | pilates | | | tai chi | | | | | |
| breathwork | EFT/Tapping | | | Reiki | | | | | |  |
| chiropractic | hypnotherapy | | | EMDR | | | | | |  |
| bodywork | mindfulness | | | massage | | | | | |  |
| 41. Any other alternative therapies you’ve tried? | | | | | | | | | | |
| 42. Do you exercise regularly? What kind & frequency? | | | | | | | | | | |
| 43. Please name any losses you’ve experienced in your life / date? | | | | | | | | | | |
| 1. What brings you to this session? | | | | | | | | | | |

**I have stated all my known medical, emotional and physical circumstances and will keep you updated about changes in my condition.**

**I understand that Body Mind Coaching is for the purpose promoting a sense of well-being. I understand that the practitioner does not diagnosis illness, disease or any other physical or mental disorder; or prescribe medical treatments or remedies. The Body Mind Coaching process is not a substitute for licensed medical care, consultations or examinations.**

**I have read and agree to the above statements and conditions.**

**Signature:**

**Date:**

Betsy Grimm, Body Mind Coach

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