

Health and Well Being Intake

Name: _____ Date of birth: _____ Age (____)

Email: _____ Phone: _____ Session date: _____

RATE THE QUALITY:

Low

high

Sleep 1 2 3 4 5 6 7 8 9 10 Hours: ____

Digestion/Elimination 1 2 3 4 5 6 7 8 9 10

Physical Health 1 2 3 4 5 6 7 8 9 10

Emotional Well Being 1 2 3 4 5 6 7 8 9 10

Energy level 1 2 3 4 5 6 7 8 9 10

RATE THE LEVEL:

Low

high

Stress: Work 1 2 3 4 5 6 7 8 9 10

Stress: Family 1 2 3 4 5 6 7 8 9 10

Stress: Relationship 1 2 3 4 5 6 7 8 9 10

Stress: Financial 1 2 3 4 5 6 7 8 9 10

Stress: Other 1 2 3 4 5 6 7 8 9 10 Specify: _____

What would you like to work on? What is going on in your life right now?

What brings you joy?

INFORMED CONSENT: I understand that BodyTalk is intended to enhance relaxation and wellbeing, increase communication within the body, and identify possible energetic or emotional blocks that may create pain or disease. BodyTalk is non-invasive and safe. It utilizes the body's own innate intelligence to heal. BodyTalk does not diagnose illness or disease nor prescribe medications.

Signature: _____

Date: _____

