

HILTON HEAD HEALING ARTS INTAKE FORM

Name _____ Date _____

Address _____ Phone(s) _____

Fax _____

E-mail _____

Date of birth _____ Occupation _____

Please take some time to read all the questions before you complete this form and give yourself as much time as you need to find the answers.

Important others (living situation) _____

Other health care providers involved in your care _____

Medications, herbs, vitamins, and supplements you are currently taking _____

What is your best time of day? Why? Your poorest time of day? Why? _____

Reason for seeking healing (presenting complaint) _____

Specific past and present physical information _____

Specific past and present emotional information _____

Specific past and present mental information _____

Specific past and present spiritual information _____

Doing a life review, what has been the worst for you? _____

Doing a life review, what has been the best for you? _____

Any other situations or facts you feel are pertinent? _____

Thank you for taking the time to complete this form thoughtfully. I will use this information to help plan our first visit together.