Client Information Sheet

confidential (for practitioner's use only)

Name_____ Age_____ Dob _____(D/M/YY)

Address_____

_____

Mobile Phone_____ other phone_____

E-mail_____Emergency contact and number_____

Physician: Name and contact_____

Therapist: Name and contact_____

Occupation_____Height_____Weight_____

Gender_____Relationship status _____ Children & ages _____

The following information will be used by your therapist to plan safe and effective sessions. Please answer the questions to the best of your knowledge.

Reason for seeking treatment/ what is happening in your life/ date of onset?

_____

_____

_____

What do you hope to achieve from treatment, today and long term?

_____

_____

Previous and current therapy. Reason and duration_____

_____

What did you like/dislike about it? _____

_____

Do you have any present medical issues?_____

_____

_____

Are you taking any medication/supplements?

_____

Eating habits_____

Sleeping habits_____

Exercise rountine_____

Are you pregnant? If so how many months? _____

Daily Intake: Water _____ Caffeine _____ Alcohol _____ Tobacco _____

Do you take recreational drugs and if so, what? _____

Please list any surgeries or hospitalisations that you have had or know you will have:

_____

_____

_____

_____

Please list any injuries you have or had: _____

_____

_____

Please list any traumatic or major life threatening events that occurred in your life and what happened?

_____

_____

_____

_____

_____

_____

Please mark any of the following that may apply to you with a

'C" for current 'P' for past or 'CH' for chronic

Neurological		Musculo-Skeletal		Urinary		Endocrine	
Headache		Arthritis		Bladder/Kidney Infection		Adrenal problems	
Epilepsy		Back Pain		Kidney Stones		Pituitary dysfunction	
Migraines		Carpal Tunnel				Hyperthyroid	
Dizziness		Neck Pain		Emotional/other		Hypothyroid	
		Bursitis		Depression			
Sleep Related		Other (specify)		Mood swings		Reproductive	
Always Tired				Obsessions		STD	
Always Sleepy		Cardiovascular		Fears and Phobias		Endometriosis	
Unable To Relax		Angina		Suicidal Ideas		Miscarriage (#)	
Insomnia		Heart attack		Substance abuse		Abortion (#)	
Recurrent Dreams		Heart failure		Fatigue		Pregnant (#)	
Nightmares		Hypertension		Over-Eating		P.M.S.	
Hallucinations		Stroke		Allergies			
		Poor Circulation		Sexual problems		Digestive	
Auto-Immune				Stomach trouble		Constipation	
Aids/HIV		Respiratory		Skin problems		IBS	
M.S.		Bronchitis		Difficulty making friends		Ulcer	
Cancer (type)		Emphysema		Difficulty settling		Liver problems (type)	
Fibromyalgia		Pneumonia		Lack of hobbies/fun		Gastritis	
Herpes		Tuberculosis		Over worrying		Hepatitis	
Candida		Asthma		Loss of appetite		Hypoglycemia	
Fungal infection (type)		Hay Fever		Dont Like weekend/ holidays		Diarrhea (chronic)	
Lyme disease				Difficulty making decisions		Other (specify)	
Epstein-Barr Virus		ENT		Job problems			
Mononucleosis		Ear infections		Gambling			
Allergies		Sinusitis					

What makes you happy? What do you enjoy doing?

_____

_____

_____

_____

Is there anything else you want to share or want me to know? _____

_____

_____

Personal Agreements:
I understand that I may be asked to do certain "homework exercises" such as reading, changing behaviors, and otherwise acting in my own best interest. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding this.

I do not diagnose illness or prescribe medication. If you have a specific medical problem or complaint, you are advised to seek professional medical help. You should also discuss any problems or complaints with your therapist and doctor if you are unsure whether to continue treatment.

I have read and understood the above and am receiving treatment at my own request.

Signed_____ date: _____

If on behalf of a minor: Signed on behalf of_____

Please make a note below, <u>anything</u> that comes up between now and your appointment. Be aware of all negative thoughts, all the things that you 'tell yourself', how you react to certain situations, what you are feeling like most of the time. The more information I have, the better I can serve you.

_____

_____

_____

_____

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