

HEART CENTERED BODYWORK, LLC

Joyce Eells, NCTM
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405-740-6813

Name _____ Date _____

Address _____ D.O.B. _____

_____ Height _____ Weight _____

Phone: Home _____ Work _____ Occupation _____

Emergency Contact (name & phone) _____

Relationship Status _____ # Children _____ Referred By _____

Physician (name & phone) _____

Therapist (name & phone) _____

Reason for Visit _____

_____ Date of Onset _____

Current/Previous Treatment (for above) _____

Current Medications _____

Current Complementary Therapies/Supplements _____

Eating Habits/Diet _____

Amount Daily Intake: Water _____ Caffeine _____ Alcohol _____ Cigarette/Tobacco _____

Exercise Routine _____

Please mark the following areas of diseases or symptoms as 'C' for current, 'P' for past, and 'CH' for chronic. Explain if necessary.

EMOTIONAL/PSYCH.	Hyperthyroid	Heart Attack	URINARY
Depression	Hypothyroid	Heart Failure	Bladder Infection
Eat	NEUROLOGICAL	Hypertension	Kidney Stones
Mood Swings	Epilepsy	Stroke	REPRODUCTIVE
Substance Abuse (type)	Dizziness	RESPIRATORY	Sex. Trans. Dis. (type)
AUTO-IMMUNE	Insomnia	Bronchitis	Endometriosis
AIDS/HIV	Migraines	Emphysema	Pregnancies (#&'C' if current)
Allergies	Musculo-Skeletal	Pneumonia	Miscarriage (#)
Cancer (type)	Arthritis	Tuberculosis	Abortion (#)
Fatigue	Back Pain	DIGESTION	
Fever(chronic)	Carpal Tunnel	Constipation(chronic)	OTHER:
Fibromyalgia	Gout	Diabetes	
Fungal Infections (type)	Skin Disorder (type)	Diarrhea(chronic)	
Herpes(type)	E N T	Gastritis	
Lyme Disease	Earaches(chronic)	Hepatitis	
Mononucleosis	Headaches	Hypoglycemia	
ENDOCRINE	Jaw Pain	Jaundice	
Adrenal Insuf.	CARDIOVASCULAR	Liver Disorder	
Pituitary Dysf.	Angina	Ulcers	

PLEASE CONTINUE ...

CLIENT INTAKE FORM
(CONFIDENTIAL—for Practitioner's use only)

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Please list any injuries you had and have:

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

Please list any traumatic or life threatening events that occurred in your life, and when they happened:

What do you hope for and what are your expectations from this healing today and long-term?

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