

Gail Lois Jaffe, P. A. Healer -- Artist

CLIENT INTAKE FORM

(CONFIDENTIAL – for Practitioner's use only)

Date: ____

Name: ___

	SS:		D.O.B	
				Weight:
Phone: Home:	Work:	Occupation:		
Emergency Contact (name	e & phone):			
Relationship Status:	No. Children:	Referred By:		
Physician (name & phone)):			
	:			
				Onset:
Current/Previous Treatmen	nt (for above):			
	herapies/Supplements:			
	a m:			
Amount Daily Intake: Wat	ter Caffeine	Alcohol	Cigarette	/Tobacco
Exercise Routine:				
Explain if necessary.	areas of diseases or symptoms	s as "C" for current, "P"	for past, "C	H for chronic.
Explain if necessary.				
	Hyperthyroid	S as "C" for current, "P" Heart Attack Heart Failure	URINA	
Explain if necessary. EMOTIONAL/PSYCH.		Heart Attack	URINA	RY Infection
Explain if necessary. EMOTIONAL/PSYCH. Depression Eating Disorder	Hyperthyroid Hypothyroid	Heart Attack Heart Failure	URINA Bladder Kidney	RY Infection
EMOTIONAL/PSYCH. Depression Eating Disorder Mood Swings	Hyperthyroid Hypothyroid NEUROLOGICAL	Heart Attack Heart Failure Hypertension	URINA Bladder Kidney REPOL	RY Infection Stones
Explain if necessary. EMOTIONAL/PSYCH. Depression Eating Disorder Mood Swings Substance Abuse (type) AUTO-IMMUNE	Hyperthyroid Hypothyroid NEUROLOGICAL Epilepsy Dizziness Insomnia	Heart Attack Heart Failure Hypertension Stroke RESPIRATORY Bronchitis	URINA Bladder Kidney REPOL Sex. Tr Endom	RY Infection Stones DUCTIVE ans. Dis. (type) etriosis
Explain if necessary. EMOTIONAL/PSYCH. Depression Eating Disorder Mood Swings Substance Abuse (type) AUTO-IMMUNE	Hyperthyroid Hypothyroid NEUROLOGICAL Epilepsy Dizziness	Heart Attack Heart Failure Hypertension Stroke RESPIRATORY	URINA Bladder Kidney REPOL Sex. Tr Endom	RY Tinfection Stones DUCTIVE ans. Dis. (type) etriosis ncies (# & "C" if
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Please list any injuries you've had and/or have:
Please list any surgeries you had or know you will be having:
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?