

Integrative Healing Arts, LLC
Wellness Plan Intake Form
Offices in New Milford and Litchfield, CT

Name _____ DOB _____

Address _____ City _____

State _____ Zip _____

Phone _____ Cell/Work _____

Email _____

How do you prefer to be contacted? (Time/Day) _____

Please describe your reason for this session.

Wellness Plans may include or employ the use of Reiki Energy Healing, Flower Essences, Herbal and Nutrition advice. Do you have a preference? Please explain:

Lifestyle

Occupation: Please describe the nature of your occupation. Are you content with what you are doing for a living? Please include concerns and the stress related to your position.

Immediate Family: Please include the names and ages of your immediate family including a spouse/partner and/or children.

Relationships: Please describe the nature of the significant relationships in your life (family, partner, spouse, children). Are you content with your current relationships? Please include concerns and/or stress related to those relationships. Are you a caregiver?

Please describe a typical “day in the life” including when you wake up, exercise, eat, commute, work, play, etc.

Nutrition/Diet

Please provide a typical weekday of what you eat/drink and the portion sizes.
Do you eat out/packaged or is the food prepared at home?

5-7am Early Morning: _____

8-10am Morning: _____

10-12pm Midmorning: _____

Noon: _____

2-4pm Afternoon: _____

5-7pm Early Evening: _____

8-11pm Late Evening: _____

Are weekends similar? If not, please describe.

Exercise

Do you exercise on a regular basis? If so, how many days a week, how many minutes, and what type of exercise are you doing?

Do you get regular movement throughout the day, or are you more sedentary?

If you were to improve your exercise routine, what do you feel you need to do differently?

What barriers get in the way of your exercising? How important is it for you to add more movement to your life?

Physical Health Current Height _____ Weight _____

Are you satisfied with your current physical health? Please describe.

What is your main wellness concern or overall goal?

Medical Conditions

Please mark all that apply (past or present).

- Heart Disease
- Osteoporosis
- Diabetes
- COPD/Emphysema
- High Cholesterol
- Asthma or Bronchitis
- Hypertension / High Blood Pressure
- Food Allergies or Intolerances
- Celiac Disease
- Gastrointestinal Disorders or Issues
- Eating Disorders (Anorexia, Bulimia)
- Chewing or Swallowing Issues
- Cancer
- Migraine Headaches
- Kidney Disease
- Anxiety Disorder
- Gout
- Joint Pain/Inflammation
- Sleep Disorder
- Arthritis

First Degree Relatives

Please check if any of your first degree relatives (parents, sibling, child) have experienced any of the following conditions.

___ Cancer (If yes- please describe: _____)

___ High Blood Pressure

___ High Blood Cholesterol

___ Heart Disease

___ Obesity

___ Diabetes

___ Other (Specify)

Mental/Emotional Health

Do you feel that your life is balanced (between work/play and stress/relaxation)?

If not, what feels out of balance?

Please describe your methods of relaxation. What leisurely activities do you enjoy to rest and recharge?

Consent and Email Permission Form

I give consent for Integrative Healing Arts (IHA) to provide information and guidance to myself or the client for which I am legally responsible. The information and guidance received are in regard to health factors within my own control: diet, nutrition, behaviors affecting my lifestyle. I understand that Kaitlin Clark of IHA do not dispense medical advice or prescribe treatment for any medical condition. The services provided nutrition, exercise, and/or stress education and support are to enhance my goals for my wellness. I understand these services are not a substitute for medical care by a medical provider. I also understand that any evaluation or testing provided through IHA are not intended to diagnose disease, but use as a guide to help me achieve my wellness goals. I agree to hold IHA harmless for claims or damage in connection with our work together. This is a contract and a release of potential liability between myself and IHA (Kaitlin Clark). Documentation (medical records, personal information, and session notes) will be stored in a secure location and strictly confidential, unless I consent to sharing my medical and/or wellness information by way of a signed release.

Client Signature _____ Today's Date _____

Print Name _____

Email Permission

Email is inherently insecure; please check one of the boxes below to give us permission or not to send emails regarding wellness/nutrition meal plans, appointments, and follow-ups to questions and/or other communications.

Yes, I understand the security limitations of email and agree to using email as a form of communication.

No, I prefer that you do not contact me by email.