

# The Curious Heart

Confidential Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How were you referred to me: \_\_\_\_\_

Profession: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Name of spouse, partner, boyfriend/girlfriend: \_\_\_\_\_

Do you live together? Y / N If yes, how long?: \_\_\_\_\_

Who (else) do you live with? \_\_\_\_\_

\_\_\_\_\_

Please list the names of your parents (include stepparents), siblings, and yourself in order of age: \_\_\_\_\_

\_\_\_\_\_

If you have children please list their name, age and gender along with any other information about them you think it might be helpful for me to know (e.g. living arrangements, disabilities, etc.) \_\_\_\_\_

\_\_\_\_\_

What are your main reasons for coming to see me?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any health conditions that apply to you now or in the past: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medications or supplements: \_\_\_\_\_

\_\_\_\_\_

Please describe any self-care practices (include spiritual practices, eating and sleeping habits and exercise):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like me to know?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_