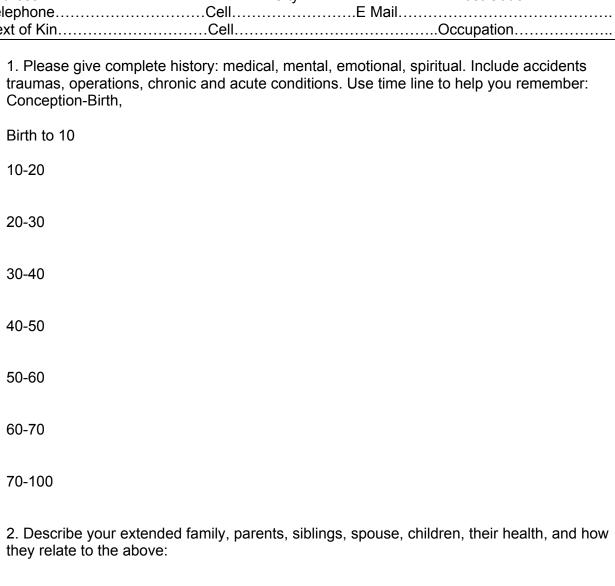
## **CORE HEALTH INTAKE FORM**

Name	Age.	Birth Date	Date
		.CityPost Code	
	Cell		
Next of Kin	Cell	Occupa	ation



3. Describe your life style. What are your habits? What can you not do without? How do you take care of yourself?

3. Lifestyle continued:
4. Describe your stresses and where you feel them in your body.
5. Describe your connection to your body, your body image, pains discomforts, joys frustrations
6. Describe What are your goals for this session / class?