

CORE HEALTH INTAKE FORM

Name.....	Age.....	Birth Date.....	Date.....
Address.....	City.....	Post Code.....	
Telephone.....	Cell.....	E Mail.....	
Next of Kin.....	Cell.....	Occupation.....	

1. Please give complete history: medical, mental, emotional, spiritual. Include accidents traumas, operations, chronic and acute conditions. Use time line to help you remember:
Conception-Birth,

Birth to 10

10-20

20-30

30-40

40-50

50-60

60-70

70-100

2. Describe your extended family, parents, siblings, spouse, children, their health, and how they relate to the above:

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?