

**INFORMATION FORM TODAY’S DATE:**

NAME: DOB: AGE:

ADDRESS: CITY:

STATE: ZIP: EMAIL:

CELL#: HOME#:

OCCUPATION:

EMERGENCY CONTACT: PH:

**WHOM MAY WE THANK FOR REFERRING YOU:**

PLEASE EXPLAIN REASONS FOR APPOINTMENT:

HOW LONG HAVE YOU BEEN EXPERIENCING THIS ISSUE:

DO YOU KNOW THE SOURCE OR CAUSE OF ISSUE (yes or no) IF SO, PLEASE EXPLAIN:

WHAT SYMPTOMS ARE YOU EXPERIENCING WITH THIS ISSUE:

LIST ANY PHYSICAL ISSUES YOU ARE EXPERIENCING (whether or not they relate to the current issue):

IF EXPERIENCING PHYSICAL PAIN, RATE ON A SCALE OF 1- 10? (circle) 1 2 3 4 5 6 7 8 9 10

IF EXPERIENCING EMOTIONAL UPSET, RATE 1-10? (circle) 1 2 3 4 5 6 7 8 9 10

HAVE YOU SOUGHT MEDICAL/PROFESSIONAL/HOLISTIC ASSISTANCE WITH THIS ISSUE BEFORE? Yes / No

IF YES, WHAT TYPE OF THERAPY AND HOW WAS YOUR EXPERIENCE?

PLEASE LIST MEDICATIONS, SUPPLEMENTS AND/OR VITAMINS

PLEASE EXPLAIN WHAT YOU WOULD LIKE TO ACHIEVE FROM THIS APPOINTMENT:

**I GIVE MYSELF PERMISSION TO LET GO OF ANY PHYSICAL, MENTAL, AND EMOTIONAL ISSUES THAT KEEP ME FROM LIVING MY BEST LIFE!**

SIGNATURE:

DATE:

**By submitting this form you agree to the waiver agreement on the following page:**

We appreciate the opportunity to discuss your problems and concerns. We wish to make it clear that our intent is not to diagnose or prescribe, but to offer recommendations and information to help you establish a healthy order in your life. If you seek medical advice, please consult a medical practitioner. If you are seeking ways to take responsibility for your own health and wellbeing, we are happy to be of assistance.

**CONFIDENTIALITY:**

Our session and client files are confidential. We may use your story (without your name) for teaching or referral purposes, while maintaining confidentiality.

You are welcome to spread the word about Emotional Healing Therapy and the good results you receive from it.

We may also mail or email you updated information about Success Overflows.

(Initial below if you prefer no mail or emails sent to you.)

**I understand that my Emotional Healing Therapy sessions are confidential, as well as my personal information.**

Please initial here if you prefer no mail or emails from Success Overflows:**\_\_\_**