

New Client Intake Form

Welcome to Holistic Healing with Kenya! Please fill out this form in it's entirety so that we can get a better understanding of your needs and desires. We look forward to working with you!

*** Required**

1. **Email address ***

2. **Full name ***

3. **Phone Number ***

4. **Address ***

5. **Marital Status ***

Mark only one oval.

☐ Married/Domestic Partner

☐ Single

☐ Separated/Divorced

☐ Widowed

6. **Emergency Contact (Name and Phone Number) ***

7. **Please describe your sleeping habits? ***

Mark only one oval.

	1	2	3	4	5	
Less than 4 hours per night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7 or more hours per night

8. **How many times per week do you generally exercise for 30 minutes or more? ***

9. **In the section below please identify if there is a family history of any of the following: ***

Check all that apply.

- ☐ Alcohol/Substance Abuse
- ☐ Domestic Violence
- ☐ Eating Disorders
- ☐ Diagnosed Mental Illness (schizophrenia, bi-polar, depression, etc.)
- ☐ Suicide Attempts
- ☐ Other
- ☐ None of the above

10. **What significant life changes or stressful events have you experienced recently? ***

11. **Are you currently experiencing any chronic pain? ***

Mark only one oval.

- ☐ Yes
- ☐ No

12. **Why are you seeking Holistic Healing Therapy? ***

13. **Are you experiencing any of the following feelings/emotions? ***
Check all that apply.

- ☐ Stress
☐ Depression
☐ Anxiety
☐ Emptiness
☐ Confusion
☐ Grief
☐ Loneliness
☐ Dispair

14. **On a scale of 1-10 how are you feeling in this moment? ***
Mark only one oval.

	1	2	3	4	5	6	7	8	9	10	
Incredibly low/unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	On top of the world/full of happiness

15. **Describe your top 3 strengths. ***

16.

Have you previously received any holistic therapy? (Reiki, talk therapy, sound therapy, etc.) - If so, please describe below. *

17.

What do you wish to accomplish through your healing sessions with Kenya? *

☐ Send me a copy of my responses.

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