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NEW CLIENT INTAKE AND CONSENT FORM

Client Name: _____

Date of Birth or Age: _____

Address:

Phone Number/s:

Email Address and other Contact Information:

Do I have your permission to add your email address to my contact list?

Name, Relationship and Contact Information of Emergency Contact:

Sign and Date to give permission to contact this person as needed:

How did you hear about me? _____

Sign here to give me permission to acknowledge this referral, thank the referring party and obtain information about the reason for the referral:

The information on this form is confidential and will not be disclosed to another party without your written consent unless it is an emergency, it is necessary to disclose for your wellbeing and/or it is not possible to obtain your consent. The back of the form may be used to add more information as needed. Thank you!

Current Concerns:

What is your reason for coming today?

Prior efforts or treatments to address this concern:

What is your greatest desire for the outcome of your experience here?

Health History:

Current health status and all conditions or diagnoses:

Current level of energy and quality of sleep: Past health status and conditions:

Treatments that you have used for any of the above conditions and how you feel they worked for you:

Medications, Herbs & Supplements:

Please list all medications you are currently prescribed, the dosages and how often you take them, what you think you are taking them for and note any effects and side effects:

Current herbs and/or supplements:

Past Medications Used:

* Please note all medications you take in case of an emergent situation, such as Nitroglycerin for Chest Pain, an Epi-pen for allergic reactions, Insulin, etc. Please note if you carry these medications with you.

Home:

Note any environmental stresses, relationship concerns or other stresses/issues related to your home life:

Work:

What is your current work status? If retired or unemployed, please note daily activities. Please also note any concerns, stresses, or problems in this area and any desire for change.

Relationships:

Please note important current and/or past relationships, how you feel about them and any desire for change.

Environmental Influences on Health:

Please note Current or Past Exposure to Toxic Substances:

Use of Substances and Compulsive Behaviors (please note amounts if you use any of these substances):

Do you smoke cigarettes or marijuana? Drink Alcohol?

Use any non prescription drugs? Do any activity in excess?

Please give details of Drug, Alcohol and non-prescription drug use here:

Health Promoting Behaviors:

Do you exercise regularly? If yes, what do you do and how often do you do it?

What other things do you do for your health?

Do you meditate? If not, do you have other ways you relax, take care of yourself and reduce stress?

What is your current spiritual practice?

What are your biggest strengths and assets?

Please note what you feel best about in your life or about yourself:

Please note areas of biggest concerns about yourself or your life:

Is there anything else about your life that you think is relevant to your reason for being here, or is there anything else you think I should know about you to be able to help you.

ALLERGIES / SENSITIVITIES TO OILS, SCENTS OR OTHER SUBSTANCES? Y____ N____

If yes, please identify all allergen/s and describe your reactions: