

Matt Gallant & Dawson Church



ENERGY PSYCHOLOGY CERTIFICATION

MARKETING MODULE

NEW CLIENT INTAKE FORM

COACH NAME AND CONTACT HERE

Thank you so much for your commitment to your own wellbeing, and for seeking coaching to improve your life.

Please fill out the forms below. The purpose of these forms is to provide me with background information in order to serve you better. Your medical and personal information is confidential.

INTAKE FORM

Name: _____	Date: _____
Home Phone: _____	Emergency Contact Name: _____
Cell Phone: _____	Relationship: _____
Work Phone: * _____	Phone: _____
Education Level: <input type="radio"/> PRIMARY SCHOOL <input type="radio"/> HIGH SCHOOL <input type="radio"/> BACHELORS <input type="radio"/> MASTERS <input type="radio"/> DOCTORATE	<input type="radio"/> *I prefer not to be contacted at work
Email: _____	
Are You: <input type="radio"/> PARTNERED <input type="radio"/> MARRIED <input type="radio"/> SINGLE <input type="radio"/> WIDOWED <input type="radio"/> DIVORCED	Time Zone: _____
Age: _____	Gender: _____

Primary Care Provider _____

Name _____

Email Address _____

Phone Number _____

Mental Health Counselor (If applicable) _____

Name _____

Email Address _____

Phone Number _____

Please list any significant medical events in your life, such as accidents, trauma, and major illness, as well as the approximate date of each.

Please indicate how much pain you have today on a scale of 1 to 10 (1 = NO pain and 10 = MAXIMUM possible pain) and its location

NO PAIN 1 2 3 4 5 6 7 8 9 10 MAXIMUM PAIN

Location _____

Please list any medical conditions with which you have currently been diagnosed.

Please list any mental health conditions with which you have previously been diagnosed.

Do you have a history of family violence as a child?

Yes

No

If **yes**, provide a brief summary of your experiences of violence:

Please list any medications that you are currently taking.

Are you receiving any other kinds of healing modalities?

Yes

No

If **so**, please list:

What is the most important consideration that has prompted you to seek coaching?

If you were to be able to eliminate one major traumatic event from your life history, what would it be?

To the best of my knowledge, I have listed all of my past and current conditions.

By submitting this form, I agree to the Disclaimer, Terms of Service, and Copyright Agreement of Energy Psychology Group, Inc.

COACH INSERT YOUR OWN LINKS HERE

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Signature

Date

