



MA, NCC, LPC, EEM-AP www.ellenfarrell.com
 HOLISTIC LIFE COACH ~ INTUITIVE ~
 ADVANCED ENERGY MEDICINE, REIKI MASTER

INTAKE FORM

CONTACT INFORMATION **DATE OF SESSION:** ____/____/____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NOTE WHICH IS BEST TO CONTACT YOU BY – AND ARE CONFIDENTIAL MESSAGES OK? DON'T FILL IN THE BELOW IF YOU PREFER I NOT USE IT ~ PLEASE DO UPDATE ME ON ANY CONTACT INFO, *IF IT CHANGES!*

HOME PHONE#: _____ CELL#: _____

WORK#: _____ **E-MAIL:** _____

AGE: _____ DoB: ____/____/____ RACE: _____ GENDER: _____

PARTNER/SPOUSE NAME: _____

IN CASE OF EMERGENCY, PARTNER (W): _____ CELL: _____

OTHER CONTACT PERSON NAME/RELATIONSHIP: _____

IN CASE OF EMERGENCY – OTHER (W): _____ CELL: _____

PHONE: (W): _____ (H): _____ (C): _____

IN HOME: _____; DESCRIBE RELATIONSHIPS / NAMES: PARENT-GUARDIAN/CHILDREN, OTHERS?, PET/S:

IF STUDENT: YEAR _____ MAJOR/FOCUS: _____ CURRENT GPA: _____

WORK STATUS/PROFESSION: _____ TITLE: _____

MILITARY SERVICE: ACTIVE RESERVIST NONE RETIRED GUARD
 OTHER _____ MAY I THANK A PERSON/AGENCY FOR A REFERRAL TO ME? ___Y ___N

HOW DID YOU FIND ME? _____ REFERRED, BY? _____

CHECK ALL SERVICES THAT APPLY TO YOUR NEEDS:

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- _____ STRESS & LIFESTYLE MANAGEMENT SKILL-BUILDING /MEDITATION – BEST TIME FOR SESSIONS?
 - _____ RELATIONSHIP ISSUES/HEALTHY BOUNDARIES/EMDR AM
 - _____ PERSONAL/SPIRITUAL ISSUES PM
 - _____ REIKI/ENERGY-MEDICINE WORK – PHONE CLIENTS, TIME ZONE: EST, MST
 - _____ OTHER _____ CST PST
-

PLEASE LIST YOUR REASONS FOR BEING HERE NOW – CURRENT LIFE ISSUES...

LIST ANY RELEVANT PREVIOUS TREATMENT METHODS USED – ASSESS THEIR EFFECTIVENESS/YOUR RESPONSE/S:

CHECK ALL OF THE FOLLOWING THAT APPLY:

SUICIDAL THOUGHTS

- FEELINGS OF HOPELESSNESS
- SUICIDE ATTEMPT (PAST/CURRENT)
- SUICIDAL/HOMICIDAL THOUGHTS (PAST/CURRENT)
- RECURRENT THOUGHTS OF DEATH
- FAMILY/OTHER HISTORY OF SUICIDE

DEPRESSION/MANIA

- FEELING SAD/ALONE
- LOSS OF INTEREST/PLEASURE IN MOST ACTIVITIES
- POOR GROOMING
- CHANGE OF WEIGHT (MORE THAN 5%)
- FATIGUE OR LOSS OF ENERGY
- FEELINGS OF WORTHLESSNESS
- INAPPROPRIATE OR EXCESSIVE GUILT
- INFLATED SELF-ESTEEM
- DECREASED NEED FOR SLEEP
- MORE TALKATIVE THAN USUAL
- FLIGHT OF IDEAS/DISTRACTIBILITY
- EXCESSIVE ACTIVITY (WORK, SOCIAL, SPENDING, SEXUAL)

SUBSTANCE USE

- DRINKING TOO MUCH
- TAKING TOO MANY DRUGS

MOOD

- ARGUE A LOT
- ANGER, LOSE TEMPER EASILY
- UPTIGHT, CAN'T RELAX
- EASILY IRRITATED
- GRIEF/ANY LOSS
- CRYING A LOT/EXTREME MOOD SWINGS
- EMOTIONAL OVERREACTION
- CHANGE IN PERSONALITY

ANXIETY

- INTENSE FEAR OR DISCOMFORT
- RAPID HEARTBEATS/CHEST PAIN
- FEELING OF CHOKING/DIZZY/LIGHTHEADED
- FEELINGS OF UNREALITY
- DETACHED FROM SELF
- FEAR OF LOSING CONTROL/DYING?
- WORRY ABOUT PANIC ATTACKS
- AVOIDING PLACES/SITUATIONS
- OBSESSIVE THOUGHTS
- REPETITIVE BEHAVIORS-USED TO REDUCE STRESS?
- DISTRESSING RECALL OF TRAUMATIC EVENT/S
- CAN'T CONTROL WORRY

RELATIONSHIP ISSUES

- DIFFICULTY MAKING FRIENDS
- DIFFICULT RELATIONSHIPS WITH OTHERS
- CHOOSES SOLITARY ACTIVITIES
- FAMILY ISSUES/CONFLICT
- SPIRITUAL ISSUES/CONFLICT

Do you:

- DRIVE W/OUT A SEATBELT Y N
- DRIVE DRUNK Y N
- RACE VEHICLES Y N
- CARRY WEAPON/S Y N
- OWN A GUN/WEAPON Y N

OTHER: _____

PERSONALITY TRAITS

- DISTURBING/VIOLENT THOUGHTS
- DECEITFULNESS
- AGGRESSION TOWARDS SELF OR OTHERS
- DESTROYING THINGS
- FEELING INDIFFERENT OR DISAGREEABLE
- UNSTABLE SELF-IMAGE
- SELF-MUTILATION
- CHRONIC FEELINGS OF EMPTINESS
- PARANOID BEHAVIOR
- SEXUALLY SEDUCTIVE
- OVERLY DRAMATIC
- CONSTANT NEED FOR APPROVAL
- MUST BE CENTER OF ATTENTION
- FEELING ENTITLED/SUPERIOR
- ENVIOUS OF OTHERS
- FEAR OF REJECTION
- AFRAID OF SOCIAL SITUATIONS
- DIFFICULTY MAKING DECISIONS
- PROBLEMS BEING ASSERTIVE
- SEXUAL PROMISCUITY

COGNITION AND COMMUNICATION

- RACING THOUGHTS
- OBSESSIONS
- SLOWNESS OF THINKING
- UNUSUAL THOUGHTS
- INTRUSIVE MEMORIES OR "FLASHBACKS"
- PROBLEMS WITH READING
- PROBLEMS WITH MEMORY
- DECREASED CLARITY OF THOUGHT
- DIFFICULTY ORGANIZING
- DIFFICULTY MEETING DEADLINES

SOMATIC SYMPTOMS

- EXTREME EXHAUSTION
- SLEEP PROBLEMS
- SLEEPING TOO MUCH
- NOT SLEEPING ENOUGH
- NIGHTMARES/SLEEPWALKING
- INCREASE IN APPETITE
- LOSS OF APPETITE
- STOMACH ACHES/NAUSEA
- CONSTIPATION/DIARRHEA
- SELF-STARVATION
- BINGING/PURGING
- BED WETTING
- PAIN
- LOSS OF SEXUAL DESIRE
- INABILITY TO HAVE SEX
- IMPAIRED SEXUAL FUNCTIONING

DESCRIBE ANY OTHER SIGNIFICANT ISSUES:

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COMPLETING THE FOLLOWING QUESTIONS AS FULLY AS POSSIBLE WILL ALLOW FOR THE DEVELOPMENT OF A PLAN BEST SUITED TO YOUR SPECIFIC NEEDS.

PSYCHOLOGICAL/MEDICAL HISTORY

CIRCLE ANY SERVICE/S SOUGHT RE: ADDICTION/S/MOOD/EATING/IMMUNE SYSTEM ISSUES/OTHER (SPECIFY):

IF YES TO ANY OF THE ABOVE, PLEASE INDICATE:

<u>PRACTITIONER, IF ACCESSED NAME/DEGREE</u>	<u>NATURE OF PROBLEM</u>	<u>CITY & DATE CONTACTED</u>	<u>FREQUENCY # OF VISITS</u>	<u>LENGTH OF TREATMENT</u>
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WHAT WAS TREATMENT OUTCOME? _____

MAY WE COORDINATE SERVICES WITH HIM/HER? ___YES ___NO

PLEASE LIST ANY CURRENT MEDICAL CONCERNS, (INJURIES, ILLNESSES, SURGERIES, OTHER DISABILITIES, PRIOR DIAGNOSIS OF PHYSICAL LIMITATIONS/IMPAIRMENTS, PRIOR ABNORMAL TEST RESULTS, ETC.)

PLEASE LIST CURRENT MEDICATIONS/NUTRITIONAL/VITAMIN/HERBAL SUPPLEMENTS CURRENTLY TAKEN:

<u>TYPE</u>	<u>DOSAGE/FREQUENCY TAKEN</u>	<u>TAKEN FOR HOW LONG? *ADVERSE REACTION (IF ANY)</u>
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USE SEPARATE SHEET IF NEEDED)

SUBSTANCE USE

PLEASE INDICATE NON-PRESCRIBED SUBSTANCES YOU HAVE USED, OR RX SUBSTANCES OVER-USED...
LAST USED - AMOUNT USED - FREQUENCY - X P/DAY, WEEK, ETC.

ALCOHOL _____
 CAFFEINE/COFFEE/SODA _____
 CIGARETTES _____
 MARIJUANA _____
 DR. **RX** MED'S - WHETHER YOURS OR ANOTHER'S _____
 TRANQUILIZERS/PAINKILLERS _____
 AMPHETAMINES _____
 COCAINE _____
 OTHER: _____

LEGAL HISTORY

ARE THERE ANY RELEVANT LEGAL PROBLEMS AT THIS TIME? IF SO, DESCRIBE BELOW:

DEVELOPMENTAL HISTORY

DESCRIBE THE TYPE OF **DISCIPLINE** YOU EXPERIENCED AS A CHILD: _____

ARE YOU ADOPTED? ___YES ___NO ...IF YES, YOUR AGE AT TIME OF ADOPTION WAS: _____

DID YOU HAVE ANY *DIFFICULTIES* IN CHILDHOOD RELEVANT TO YOUR CONCERNS? IF SO, DESCRIBE

FAMILY/SIGNIFICANT RELATIONSHIPS – IF OVER 2 SIBLINGS/CHILDREN, LIST ALL SAME SEX ON 1 LINE

LIST IMMEDIATE FAMILY MEMBERS: PARENTS, SIBLINGS, PARTNER /CHILDREN

RELATIONSHIP/NAME/AGE *IF STUDENT, YEAR/OCCUPATION, *HEALTH STATUS/DECEASED?

MOTHER/

FATHER/

DESCRIBE YOUR SELF, STRENGTHS & WEAKNESSES:

DESCRIBE YOUR PARENTS/CURRENT FAMILY:

DESCRIBE ANY RECENT CHANGES IN YOURSELF AND/OR IN YOUR RELATIONSHIPS WITH FRIENDS/FAMILY:

CHECK YOUR PARTNER RELATIONSHIP STATUS: MARRIED/COMMITTED SINGLE DIVORCED
 LIVING TOGETHER SEPARATED WIDOWED

OTHER: _____ LENGTH (NOW OR PAST): _____

DESCRIBE CURRENT (OR PAST) PARTNER RELATIONSHIP: _____

ARE YOU SEXUALLY ACTIVE? ___ YES ___ NO; IF SO, DO YOU PRACTICE SAFE SEX? ___ YES ___ NO

DESCRIBE ANY SEXUAL/PARTNER ISSUES OR CONCERNS, AND/OR ANY FEARS OR CONCERNS ABOUT SAFETY:

EDUCATION /WORK HISTORY

CIRCLE CURRENT STATUS: UNEMPLOYED/EMPLOYED

LAST OR CURRENT POSITION: _____ HOW LONG: _____

DESCRIBE RECENT EDUCATION/TYPE OF JOBS/S HELD _____

NAME OF ASSISTANT (IF APPLICABLE) _____

SPIRITUALITY/RELIGION

DESCRIBE ANY RELIGIOUS/SPIRITUAL PRACTICE, AND/OR ATTENDANCE, CHURCH/ SYNAGOGUE/ TEMPLE/ MOSQUE/OTHER:

WHAT ROLE DOES SPIRITUALITY PLAY IN YOUR LIFE?

INTERESTS/ACTIVITIES

LIST BELOW YOUR FAVORITE RECREATIONAL ACTIVITIES/HOBBIES/SPECIAL TALENTS OR SKILLS:

ORGANIZATIONS/GROUPS TO WHICH YOU BELONG:

PLEASE FEEL FREE TO ADD ANY OTHER INFORMATION, CONCERNS OR THOUGHTS:

Most people report significant progress on their goals from working with a coach/counselor, however there are no guarantees on outcomes. Nevertheless, each party agrees to indemnify, defend, and hold harmless the other party and its agents, officers, and employees from and against any and all liability, expense, including defense costs and legal fees incurred in connection with claims for damages of any nature whatsoever including but not limited to, bodily injury, death, personal injury, financial or business losses, or property damage arising from such party's performance or failure to perform in obligations. *Pre-paid discounts and Phone/Online session/s fees are pre-paid via check/money order (snail-mail) or online payment (see link on website). Once payment is confirmed sessions can be scheduled. *For In-office sessions, please pay prior to session if paying online – or cash/check at the time of session. An invoice will be provided upon request.

*See the **Informed Consent, Energy Medicine Informed Consent, and Wellness Services Agreement** Forms for more info.

I agree I'm responsible for my actions – and by signing this, agree to these terms: barring emergency I'll give a min. of 24-hrs notice if I need to re-schedule, and Ellen may share elements of my story (and unless she has my permission she will not identify details of who I am except by written agreement).

CLIENT SIGNATURE

_____/_____/_____
DATE www.ellenfarrell.com