



## Confidential Intake Form

### Your Lifestyle

What types of activity do you do and how often/week?

\_\_\_\_\_

What aspects of your life contribute most to your stress?

\_\_\_\_\_

Rate your current level of stress (*10 being the worse stress ever*): 0 |—————|—————| 10

List the most stressful events in your life (and make note of any impact they may still have on you):

① \_\_\_\_\_

\_\_\_\_\_

② \_\_\_\_\_

\_\_\_\_\_

③ \_\_\_\_\_

\_\_\_\_\_

### Your Birth & Beliefs – *Applicable to Somatic Breathwork Session Only*

List any known stresses and complications during your birth, including your mother's pregnancy (*Examples: stress or injury to pregnant mother, long birth, caesarian, use of forceps/vacuum, drugs, premature, incubator, etc*):

\_\_\_\_\_

\_\_\_\_\_

In general, how would you describe your faith, religious or spiritual beliefs?

\_\_\_\_\_

Is there anything else you think I need to know about you?

\_\_\_\_\_

Do you want to be added to Joy's **monthly newsletter** to stay up to date on events ?  Yes  Not now

**Client Signature:**

**Date:**