

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: