



Confidential Intake Form

First & Last Name

Birthdate (DD/MM/YYYY)

Age

Sex: ☐ Female ☐ Male

Phone Number

Email Address

Emergency Contact - Name

Emergency Contact - Mobile #

Relationship

Primary reason(s) for booking?

Referred by / How did you hear about me?

Medical Info

List the major physical or emotional symptoms or challenges that you are experiencing (ie. anxiety, digestive, sleep, pain, breathing, etc)

List major accidents, surgeries, hospitalizations and year this happened.

List all Psychological and Medical Health diagnosis

What do you know about **your own** birth (ie c-section, forceps, vacuum)?

Women: List number of pregnancies and births. Were there any complications or traumas? (ie. C-section, forceps etc.)

List practitioners/therapists/medical professionals you have seen or currently seeing for these challenges.

Waiver

- I am aware that the field of Somatics (movement, inquiry, myofascial release, light touch), Breathing Behavior Analysis and various Breathwork practices are not licensed or regulated, thus recommendations and practices offered are not medical advice, and may not be covered by workplace insurance.
- I realize that singular/sporadic sessions may produce insight, physical/emotional release of held tension patterns, and lasting change requires regular, consistent sessions and can never be guaranteed.
- I release Joy Somatics and Joy Onyschak from any and all claims or costs in respect to loss, damage, bodily injury, including myself or to property, should they occur as a result of engaging in this process.

Signature:

Date:

Breathing Behaviours



Your answers to these questions will help us identify if you have breathing habits that are causing or exacerbating your symptoms or challenges and their possible origins.

Check any that apply and explain

Issues related to breathing _____
 Episodes of not being able to get enough air _____
 Respiratory disorders _____
 Physical injuries: e.g., back, chest, neck _____
 Emotional issues: e.g., panic, anxiety, anger _____
 Life traumas: e.g., PTSD, emotional abuse, chronic stress _____
 Pain issues: past or present, acute or chronic _____
 Physical limitations: e.g., fatigue, speech, movement _____
 Deficiencies: e.g., electrolytes (kidney problems) _____
 Social challenges: e.g., relationships, family _____
 Work related challenges: e.g., co-workers, supervisor _____
 Learning issues, e.g., attention, memory, focus _____
 Performance issues: e.g., speaking, technology, testing _____
 Cardiac disorders _____
 Glaucoma _____
 Currently Pregnant _____

Indicate **how frequently** you experience the symptoms below by checking a number 0 through 5 (0= never, 1= rare 2 = monthly 3 = weekly, 4= daily & 5 = multiple times/day). Then **enter in the situations** in which you experience a symptom (see corresponding situation numbers at bottom).

| Do you experience the following? If so, how often? | 0 | 1 | 2 | 3 | 4 | 5 | Situation / Comment |
|--|---|---|---|---|---|---|---------------------|
| Chest tightness, pressure, or pain | | | | | | | |
| Intentional breathing, purposeful regulation | | | | | | | |
| Dizziness, light-headedness, fainting | | | | | | | |
| Shortness of breath, difficulty breathing | | | | | | | |
| Tingling or numbness, e.g., fingers, lips | | | | | | | |
| Unable to breathe deeply | | | | | | | |
| Not exhaling completely, aborting the exhale | | | | | | | |
| Deep breathing, like during talking | | | | | | | |
| Chest breathing, effortful breathing | | | | | | | |
| Breath holding, irregular breathing | | | | | | | |
| Rapid breathing, panicky breathing | | | | | | | |
| Worried about my breathing | | | | | | | |
| Mouth breathing | | | | | | | |
| Can't seem to get enough oxygen | | | | | | | |

SITUATIONS: circumstances under which you experience the above symptoms

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| (1) working (employment) | (6) interacting in groups | (11) physical discomfort, pain |
| (2) resting (between tasks) | (7) traveling, unfamiliar places | (12) going to sleep, while asleep |
| (3) performing (e.g. test taking) | (8) socializing, meeting people | (13) learning new tasks, new info |
| (4) feeling anxious or worried | (9) feeling angry or upset | (14) feeling unsure of self |
| (5) feeling tired or stressed | (10) intimacy, expressing feelings | (15) allergens, weather, foods |