JUANIMA HIATT
Life Coach & Rapid Trauma Recovery

CONFIDENTIAL CLIENT INTAKE FORM

Name:_______________________________________ Age: ____________

Address: ____

Email: ____________________________________Phone: _____________

Marital Status: __________________ Occupation: _____________________

Emergency Contact Name & Relationship: _______________________________

Emergency Contact Phone: ____

How were you referred? ____

Are you currently taking any medication? ❑ Yes ❑ No

Please list: ____

Have you ever had psychiatric treatment? ❑ Yes ❑ No

Have you been diagnosed with any physical or mental health conditions? ❑ Yes ❑ No

Please list: ____

Which of the following are issues for you?

❑ Lack of confidence	❑ Weight	❑ Smoking
❑ Insecurity	❑ Appetite	❑ Alcohol
❑ Relationships	❑ Nail biting	❑ Grief
❑ Unusual fears	❑ Confusion	❑ Guilt
❑ Nervous symptoms	❑ Sex / Intimacy	❑ Worry
❑ Stress / Pressure	❑ Spiritual	❑ Poor sleep
❑ Low self-esteem	❑ Blushing	❑ Nightmares
❑ Anxiety / Upsets	❑ Phobia(s)	❑ Work
❑ Eating disorder	❑ Memory	❑ Suicidal
❑ Afraid to go out	❑ Can't cope	❑ No future
❑ Skin condition	❑ Pain	❑ IBS
❑ Jealousy	❑ Anger	❑ Self-harm

- ❑ Don't like being touched
- ❑ Concentration difficulties
- ❑ Insomnia
- ❑ Lack of motivation
- ❑ Sadness / Crying
- ❑ Unable to relax
- ❑ Take drugs
- ❑ Take too many risks
- ❑ Procrastination
- ❑ Impulsive reactions
- ❑ Overeat
- ❑ Bad habits
- ❑ Withdrawal
- ❑ Work too hard
- ❑ Aggressiveness

Are there any issues not listed that are problematic for you?

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What is your personality type?

- ❑ Always moving ❑ Relaxed ❑ Laid-back ❑ Visual ❑ Good imagination
- ❑ Easily distracted ❑ Introvert ❑ Extrovert ❑ Creative ❑ Perfectionist
- ❑ Goal-setter ❑ Busy mind ❑ Workaholic ❑ Sociable ❑ Prefer isolation

Is there past trauma that you feel is negatively impacting your life today?

❑ Yes ❑ No ❑ I'm not sure

In what ways does past trauma effect your life today? ______________________

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What are your interests? ______________________________________

What do you like to do for fun?_________________________________

I understand that Juanima Hiatt does not give medical advice, diagnose, or treat any psychological or medical conditions. I acknowledge that I alone am responsible for the actions, choices, or decisions I make in my life.

I certify that all the information above is correct and true.

Signed: ________________________________ Date: ______________