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

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

Are there any issues <u>not listed</u> that are problematic for you?

_____

_____

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? _____

_____

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: _____