

Healing Touch Initial Interview

Date: _____

Name: _____ _____	Phone: _____ _____
Address: _____ _____	Email: _____
Referred by: _____	Age, occupation, family/living situation: _____ _____ _____
Reason(s) for visit (client's issues, concerns and goals from a holistic point of view): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Other areas of concern: _____ _____ _____	
Relevant medical history (diagnosis, illnesses, surgeries): _____ _____ _____ _____	
Current healthcare providers (traditional and integrative): _____ _____ _____	
Medications/supplements: _____ _____ _____	
Lifestyle and self-care: (relaxation, exercise, diet, social support, spiritual practice): _____ _____ _____ _____ _____ _____	
Practitioner's observations and comments: _____ _____ _____ _____	