

HEALING FROM WITHIN Intake Form

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Date_____

Name_____

Address_____

Phone—Home_____Work_____Cell_____

Date of Birth_____E-Mail_____

What is the present condition of your health? (For women, if you are pregnant, please indicate how long.)

When did you last visit your doctor? For what? Date of last physical exam_____

Are you currently participating in any other therapies besides conventional medicine? If so, what and for how long?

Please list previous major illnesses, accidents, surgeries or broken bones. (Continue on back if needed).

Are you currently taking any medication or supplements including vitamins, herbs, homeopathic remedies? Please list.

Are you happy with your life at this time? If not what would you change?

What is your occupation? Are you happy with your job? Do you consider your job stressful?

What is your marital status? Do you have any children? If so how many?

Why are you trying Reflexology/Reiki/EFT/Quantum-Touch®/Intuitive Healing?
(Circle)

Where did you find out about me?