

# Healing Touch Initial Interview

Date:

<b>Name:</b>	<b>Phone(s):</b>
<b>Address:</b>	<b>Email:</b>
<b>Referred by:</b>	<b>Age, occupation, living situation:</b>
<b>Reason for coming/problem statements:</b>	
<b>Relevant medical information including pain/discomfort:</b>	
<b>Current healthcare providers (traditional and complementary):</b>	
<b>Medications/supplements:</b>	
<b>Stress or other areas of concern:</b>	
<b>Lifestyle/self-care: (relaxation, exercise, diet, social support, spiritual practice):</b>	
<b>Healing Intentions/Goals (short &amp; long term):</b>	
<b>Practitioner's observations &amp; comments:</b>	