



CLIENT INTAKE

Name: _____ Date: _____

What name would you like me to use? _____

Date of Birth: _____ Age: _____ DL: _____ SS: _____

Address: _____ email _____

Primary Phone: _____ May we leave a message? _Yes _No

Alternate Phone: _____ May we leave a message? _Yes _No

Emergency Contact/Phone #

How were you referred to Dana Point Mindfulness?

Who is your primary physician?

Do you currently have any major medical/psychiatric problems?

Do you currently take any psychoactive prescription drugs?

May I contact your primary physician for health information? _Yes _No
(I need your signed consent first)

Marital Status: (circle one)

Never Married Divorced Separated Domestic Partnership Widow/Widower

List any children/ages:

Level of education completed: (circle highest applicable)

High school/GED Junior College Bachelor's Degree Master's Degree Doctorate
Professional License or Certificate (name)

Describe your current work situation, e.g., type of work, position, number of years in current job, and anything unusual about your job history. Are you satisfied in your current situation?

Do you currently have a spiritual practice and/or religious belief?

How you taken formal training in mindfulness meditation previously? With whom?

If you have studied mindfulness before, what worked and what didn't?

Name short-term goals you want to accomplish with Dana Point Mindfulness.

Name your longer-term psychological, emotional or spiritual goals.

Describe your use of alcohol or recreational drugs (type, how much, how frequently):

Are you experience any personal life crisis/trauma that I should know about?

Do you experience any of the following three times or more per week? Please circle.

Feelings of sadness	Crying	Lack of energy
Keyed up, can't stop	Sleep troubles	Over/under eating
Irritable	Worrying too much	Stressed
Feel empty	Relationship troubles	Sexual concerns

Circle any of these issues that apply to you right now.

- * Inability to experience and accept whatever is happening in the present moment
- * Thinking about the past and/or the future
- * Want to show more empathy, compassion, kindness to myself and others
- * Not having enough meditation, prayer and stress-reduction skills

Name special skills, talents, hobbies, i.e. - play piano, artist. Do you participate now?

Describe your exercise habits.

Describe your sleep habits, average hours per night, time to bed, time wake up, etc.

Describe your nutritional habits.

Name the types of books, videos, podcasts, workshops, etc., you enjoy.

Between 1 (least) and 10 (most), how self-disciplined are you?

1 _____ 10