

# Flower Essence Therapy Client Intake Form

Directions: The client should complete this form unless unable to do so.

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Brief description of living situation including marital status: \_\_\_\_\_

\_\_\_\_\_

Employment/and or daily household responsibilities: \_\_\_\_\_

\_\_\_\_\_

Please describe your general lifestyle including hobbies, artistic interests and creative expressions: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Please provide a brief description of your basic state of health, including key medical history, diet, exercise, physical weight, energy level, etc. Use another piece of paper if needed.

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Are you currently engaged in other therapies or significant healing programs? Are you taking any pharmaceutical medications? Are you following a specific diet or any related health measure? \_\_\_\_\_

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How do you feel about your work and other vocational interests? \_\_\_\_\_

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Are you involved with community or other volunteer activities? \_\_\_\_\_

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Please comment on your relationships with others, including family, community and work. Please specify how these relationships might differ from each other – which ones are easier or more challenging, etc.

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Briefly discuss your family of origin and any significant childhood events:

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Please give an overview of your spiritual values or moral experiences that have shaped your life:

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What aspects of life have been most challenging to date, or have provided recurrent themes for learning and development?

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Please share what you'd like to achieve through flower essence therapy, including specific symptoms and overall goals:

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If you wish, you can use another piece of paper to answer the above questions or share

anything further about yourself. All information is strictly confidential.

