

CLIENT INITIAL INTAKE FORM

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Name (Last, First): _____ D.O.B: _____
 Address: _____ Primary phone: _____
 Occupation: _____ Work phone: _____
 Primary email: _____ Secondary email: _____
 Who can I thank for your referral? _____

Primary health concern: _____
 How long have you had this?

Types of modalities already tried / results?

Secondary health concern: _____
 How long have you had this?

Types of modalities already tried / results?

Tertiary health concern: _____
 How long have you had this?

Types of modalities already tried / results?

Any other health concerns?

Have you ever been diagnosed with a mental illness? If yes and not yet detailed above, please explain what, when, for how long, and what have you done for that?

Please describe your diet:

Do you (yes/no; elaborate):
 Smoke? _____ Exercise? _____
 Drink alcohol? _____ Meditate? _____

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Please describe your spiritual beliefs:

Please Describe Your Relationship Status (Current/Prior):

What is Your Intention for This and Future (if needed) Sessions?

What makes you happy?

Disclaimer:

Any presentation of any concepts by Dave Markowitz, including but not limited to the book text, web-text, lectures, workshops, or private sessions are not intended to replace any existing modality of healthcare in any way, shape, or form, but rather are intended to the introduce the reader/client/attendee to a non-traditional way of looking at things. These concepts are not intended to diagnose, cure, prevent, or treat your symptoms, disease, illness, or alike. Neither Dave Markowitz, nor any associates thereof can be held liable in any way for the (mis)understanding or (mis)application of the concepts discussed, implied, demonstrated, or presented through the aforementioned and any other medium. By signing below, you are acknowledging that your answers above are true, that you are aware of the full responsibility 24-hour late cancellation policy, and have read and understand this disclaimer. It is always best to see your doctor.

Client name (print) _____ Date: _____

Client signature _____
(if sending electronically, just sign with your initials)