

Flower Essence Therapy Client Intake Form

Directions: Please complete this form *in your own handwriting* unless disabled or otherwise 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: _____

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.

Are you involved with community or other volunteer activities? _____

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. _____

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

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

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

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

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.

