

**Flourish**  
**Integrative Bodywork and Homeopathy**  
**Confidential Client Intake form**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  
Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone( ) \_\_\_\_\_ #2( ) \_\_\_\_\_ email \_\_\_\_\_

May we add you to our email list? \_\_\_\_\_

Who may we thank for your referral? \_\_\_\_\_

Occupation \_\_\_\_\_

Reason for  
appointment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Major  
Complaints \_\_\_\_\_  
\_\_\_\_\_

How does this impact your life?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Minor  
Complaints \_\_\_\_\_  
\_\_\_\_\_

How does this impact your life?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Flourish Confidential Client Intake Form

Additional notes space for impact on  
life: \_\_\_\_\_

---

---

---

Surgeries within the past ten  
years \_\_\_\_\_

---

Current Medications, purpose for taking them

---

---

Allergies \_\_\_\_\_

---

Have you received therapeutic bodywork, somatic coaching, or homeopathic care before?  
If so, what type? How often?

---

---

What do you want to achieve from your session today?

---

---

---

---

Are you currently happy with your physical, mental, emotional health and vitality?  
Please explain what you are experiencing in these areas that you would like to change.

---

---

---

---

---

---

## Flourish Confidential Client Intake Form

What are your short term goals for your physical, mental, emotional health and vitality? (Immediate, 3 to 6 months) What are your long term goals?( 1 year, 3 years, 5 years, 10 years). \_\_\_\_\_

---

---

---

---

---

*At Flourish we are dedicated to providing the finest quality of and homeopathy and integrative bodywork. Please let us know if there is anything we can do to serve you better. We understand that healing can sometimes take time. We enjoy creating mutually beneficial relationships, long term with our clients. Invest in your greatest asset, your health! Please consider investing in a package of sessions in order to save money, broaden your horizons, and provide yourself with excellent care.*

RELEASE AND INFORMED CONSENT: I \_\_\_\_\_ have completed this intake form accurately to the best of my ability. I agree to receive Integrative Bodywork/Core Synchronism from Elizabeth Battarbee. I also commit to inform her of any pain, discomfort, questions, or concerns I have during our session. I understand that it is my responsibility to inform Elizabeth of any change in my condition prior to receiving care from her in the future. I understand that our work together is meant to help restore health and well being, does not diagnose or treat specifically any emotional, mental, or physical condition. Information exchanged during my sessions is educational in nature and is intended to help me become more self aware. It is to be used at my own discretion.

Print

Name \_\_\_\_\_ Signature/date \_\_\_\_\_

### CANCELLATION POLICY:

I agree to be present and punctual for my appointments. I agree to give 24 hours notice of cancellation, unless there is an emergency. I understand that if I am late for my appointment it will still end at the predetermined time, and I will be charged in full. I understand that if I fail to come to an appointment or call, I will be expected to pay in full. Credit card on file:

Signature \_\_\_\_\_ date \_\_\_\_\_

---

## Flourish Confidential Client Intake Form

### HEALTH HISTORY (PLEASE INDICATE)

#### Musculoskeletal:

- Bone/joint disease
- Tendonitis
- Bursitis
- Fractured bones
- Sprains/strains
- Low back/hip/leg pain
- Headaches/head injuries
- Muscle spasms/cramps/
- Jaw pain/tmj

#### Immune system:

- Chronic fatigue/lupus/fibromyalgia
- Autoimmune disease
- Cancer

#### Circulatory system:

- Heart condition
- Varicose veins
- Blood clots
- High blood pressure
- Low blood pressure
- Lymphedema

#### Respiratory:

- Asthma
- Difficulty breathing
- Allergies
- Sinus problems

#### Skin:

- Allergies
- Rashes
- Athlete's foot
- Warts

#### Digestion:

- Constipation

Diarrhea  
Irritable bowel  
Gas/bloating  
Diverticulitis

Nervous system:

Herpes/shingles  
Numbness/tingling  
Chronic pain  
Fatigue  
Sleep disorder

Communication policy:

\_\_\_\_\_ Please communicate via telephone or email for anything regarding your case management. Please do not text me, as your information is personal and private. I will return your emails and telephone calls within 24 hours. 318-404-1834

\_\_\_\_\_ Flourish is not a sexually oriented establishment. Any sexual behavior will result in immediate termination of the session. The client will be charged in full and punished to the full extent of the law.

Therapist notes:

Flourish Confidential Soap Notes

Subjective \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Objective:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Analysis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan:  
Core  
synchronism \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Massage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals Progress Assessment:  
\_\_\_\_\_

Homework: