

**Brook Olsen, H.H.P. / S.E.P.**

Confidential Client Intake Form – Please FAX to **760-751-4398**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Sex \_\_\_\_\_

Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Referred By \_\_\_\_\_

Number of Siblings \_\_\_\_\_

Sex and Ages of Siblings \_\_\_\_\_

Spouse's date of Birth \_\_\_\_\_

Number of Children/Sex and Ages \_\_\_\_\_

Spouses Place of Birth \_\_\_\_\_

Number of Spouses Siblings \_\_\_\_\_

Sex and Ages of Spouses Siblings\_\_\_\_\_

Have you ever had Coaching/Counseling? \_\_\_\_\_

Are you on any medications? \_\_\_\_\_

List all medications\_\_\_\_\_

Are you currently under the care of any health care professional? \_\_\_\_\_

Explain \_\_\_\_\_

Do you frequently suffer from stress? \_\_\_\_\_

Explain the source of your stress\_\_\_\_\_

Do you experience frequent headaches? \_\_\_\_\_

Have you ever been in any accidents? \_\_\_\_\_

Explain briefly the accidents\_\_\_\_\_

(You may use the page at the end of this form if you need more space)

Briefly detail any traumatic occurrences in your life i.e.: deaths, accidents  
divorce, war, attack, and \_

(You may use the page at the end of this form if you need more space)

Any Fall? \_\_\_\_\_

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Any Surgeries? \_\_\_\_\_

Intention for Coming? \_\_\_\_\_

Are there any other conditions that I should be aware of?

Explain\_\_\_\_\_

Please use the following page to explain in detail you feel you need to.

Detailed Explanations.

**PLEASE NOTE: All cancellations made within 24 hours of your appointment will be charged at full rate. Please cancel before this time. Thank You.**