



**Sandy Hawke, CCHT & Reiki Practitioner**  
Client Intake Form

*Confidentiality promise: please note that this information will not be shared without your consent.*

Date \_\_\_\_\_ Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone (Day/Evening) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Marital Status \_\_\_\_\_ Referred By \_\_\_\_\_

Family you grew up with:

Name      Relationship      Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family/Others you live with now:

Name      Relationship      Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the Question, Concern or Issue you Are You Seeking Help?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past Counseling/Hypnotherapy/Therapy History (Type and duration) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religious/Spiritual Background/Orientation\_\_\_\_\_

If you believe in some sort of divine intelligence, what do you call it?  
(e.g. Higher Self, God, etc.) \_\_\_\_\_

Have you ever attempted suicide?\_\_\_\_\_

Are you currently having suicidal thoughts?\_\_\_\_\_

Are you currently taking any medication? (if yes what kind)\_\_\_\_\_

Do you use Alcohol? (Weekly frequency/amount) \_\_\_\_\_

Do you use other drugs? (type/frequency/effect) \_\_\_\_\_

*Please read and initial:*

**Payment policy**

Payment is requested at each session\_\_\_\_\_

**Cancellation Policy:**

At least 24 hour notice is required. Full fee will be charged for missed appointments\_\_\_\_\_

**Client**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_