

BLUE SAGE HEALING ARTS  
DR. MAYLEI BLACKWELL, PH.D.,  
NEW CLIENT INTAKE FORM

CONTACT INFO:

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME # (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  
M \_\_\_\_\_ F \_\_\_\_\_ RELATIONSHIP STATUS \_\_\_\_\_  
NAME OF SPOUSE/PARTNER \_\_\_\_\_  
NAMES AND AGES OF CHILDREN \_\_\_\_\_

HEALTH – PAST AND PRESENT: WHAT BRINGS YOU HERE TODAY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY SURGICAL OPERATIONS, BROKEN BONES, ACCIDENTS AND HISTORY OF PHYSICAL OR PSYCHOLOGICAL ILLNESS AND APPROXIMATE DATES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT IS YOUR GOAL FOR OUR SESSION(S)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT OR PAST USE OF ANY PERScription OR NON-PRESCRIPTION DRUGS? \_\_\_Y \_\_\_N

PLEASE LIST ALL CURRENT MEDICATIONS AND THEIR DOSAGES:

\_\_\_\_\_  
\_\_\_\_\_

ALCOHOL USAGE

DRUGS (WHICH ONES)

TOBACCO \_\_\_Y \_\_\_N IF YES, FOR HOW LONG? \_\_\_\_\_

FOOD/DIET \_\_\_\_\_  
\_\_\_\_\_

EXERCISE \_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

WHAT EMOTIONS ARE MOST COMMON IN YOUR LIFE?  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE RELATIONSHIP THAT OCCUPIES MOST OF YOUR  
THOUGHTS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW EASY IS IT FOR YOU TO EXPRESS YOURSELF? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU PRACTICE MEDITATION? IF SO, HOW OFTEN? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW WOULD YOU DESCRIBE YOUR SPIRITUALITY? \_\_\_\_\_  
\_\_\_\_\_

IS THERE ANYTHING ELSE IMPORTANT YOU THINK I SHOULD KNOW?  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY CONTACT:

NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT YOUR NAME \_\_\_\_\_