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Client Intake Information Form

The following information is helpful to me in helping you. Should you find any information you prefer to share feel free to leave blanks. All of the information that you share with me is strictly confidential.

CANCELLATION POLICY: Please note that I request a 24 hour notice of Cancellation of appointments.
Please see Page 6 for details.

Today's Date: _____

Client Name: _____

Address: _____

Birthday: Month _____ Day _____ Year _____ **Referred By:** _____

Phone: H _____ Cell/Wk _____ **Texting OK?** Yes No

Email: _____

Occupation: _____

Description of family: (circle all that apply)

Single Married Significant Other Single Parent Community Other: _____

Number of Children: _____

What is happening in your life that is prompting you to seek assistance at this time?

Briefly describe what you want to gain from this conscious embodiment process (your intentions):

What is your major condition you want to improve?

Has there been a medical diagnosis related to the above condition? Y N

If yes, by whom and when?

Please list any other medical diagnosis (including dates) you have received that may be helpful to share with me:

Please list other therapies you have received or are currently receiving including self-help, energywork, bodywork and emotional processing:

Please list any surgeries and/or broken bones you've had with approximate dates:

Please list any significant accidents or incidents that you have experienced which caused you to feel emotionally numbed or overwhelmed and the ages they occurred:

Have you had any of the following?:

Chicken Pox	Y	N
Mumps	Y	N
Metal Dental Fillings	Y	N
TMJ syndrome	Y	N
Tinnitus (ear ringing)	Y	N
Oral Surgery	Y	N
Sleep Apnea	Y	N

Measles	Y	N
Bunions	Y	N
Anxiety/Depression	Y	N
Allergies	Y	N

If Yes, please list allergies below:

Do you have High Blood Pressure? Y N

Do you have Varicose veins? Y N

Do you have any heart problems? Y N

Do you wear contact lenses? Y N

Are you aware of any infectious skin conditions? Y N

Do you wear dentures? Y N

Do you have or have had a history of blood clots? Y N

Do you have arthritis? Y N

Please list any chronic conditions you experience (physical, emotional, mental):

Please list any medications (including aspirin) and nutritional supplements that you are taking:

Briefly describe your nutrition/diet: *(include sugar/caffeine intake and regularity of meals)*

How often do you have a bowel movement?

What is your typical daily water intake?

Describe the exercise/activities you do and how often you do them:

Do you have a spiritual or mindfulness practice? (i.e. prayer, meditation, talking walks in nature, etc). If yes, please describe briefly:

Please rate the level of unhealthy stress you perceive in your life *currently*: (circle one)

LOW

MODERATE

HIGH

VERY HIGH

Briefly describe your stress levels in the past 2 years (both healthy and unhealthy):

Please list any hobby(ies) that you currently pursue (anything you do for fun, creative growth, relaxation, etc.):

**Please list family members' names, ages, and where they live (including your children, if any)
Please note your level of closeness currently with each person listed.**

Which areas do you feel you are able to be a Loving Adult for yourself:

<u>Area</u>	<u>Describe Action</u>	
PHYSICAL (eating healthy, exercising, sleep, etc)	Y	N
EMOTIONAL (attend to your feelings, take loving actions, etc.	Y	N
SPIRITUAL (staying connected to your spiritual guidance)	Y	N
FINANCIAL (feeling at ease with flow of money)	Y	N
ORGANIZATIONAL (being loving with yourself regarding space and time)	Y	N
OTHER.....(please describe).....		

If there is something else you would like to share with Catherine, please include it here:

PLEASE READ AND SIGN:

I, _____, understand that Global Somatics™, Multi-Dimensional Healing, Kundalini Yoga and Integrative Therapeutic Movement Education and Coaching do not diagnose illness, disease or any other medical or mental disorder, and do not substitute for medical examinations. I understand that this work evokes health and involves a relationship in which I am the primary director of my healing process, consciously and unconsciously.

In attuning to me, the practitioner (Catherine Siri Sat Liska) may draw from a variety of modalities (Global Somatics™ Process, movement re-patterning and education, Vibrational Aspects™, New Paradigm Multidimensional Healing, Kundalini Yoga, Ancestral Clearing, Vedic Numerology, yoga postures and breathing, sounding and vocal resonance, verbal processing, art-making and writing/journaling, etc). I will keep the practitioner updated on my desires and concerns as well as any changes in my medical conditions.

I understand the criteria for working with Catherine includes honest communication about my healing process. I will fully participate in each session to the best of my ability and agree to cultivate mind-full attentiveness to my own process. According to my own comfort level, I will share my perceptions and insights with Catherine as tools for learning and supporting my own embodiment journey.

I am responsible to record my own experience of this work (*play!* ☺) in my own fashion.

I understand that all information I give during sessions is confidential. I agree to allow Catherine to disclose details of our work together for purposes of her soliciting peer advice while completely respecting my anonymity.

I agree to give Catherine a minimum of 24 hours notice if I need to cancel an appointment. If less than 24 hours is given I agree to either:

- a) contact Catherine to re-schedule my appoint to occur during an available time within 7 days of the cancelled appointment, or
- b) I agree to pay the entire fee for the scheduled session within 7 days of the cancelled appointment.

I agree that if unforeseen circumstances keep me from re-scheduling or canceling my appointment with Catherine *before* the actual appointment time, I will contact Catherine at my earliest convenience via email, text or phone call to notify her of my reason for missing the appointment and discuss options for payment and re-scheduling.

I understand that multi-session packages are not transferable to another person and must be used or scheduled within 6 months from the date of the 1st appointment of the session. I agree to follow the recommended appointment schedule as closely as possible for the package that I am purchasing.

I understand that payment is to be with credit card, debit card, cash or check payable to "Catherine Liska" at time of services rendered or per the agreed upon fee schedule.

Signature: _____ Date: _____