

The Menopausal Mind

Client Intake Form



Client Information

Full Name:

Address:

Phone:

Email:

Emergency Contact

Name:

Phone:

Email:

Doctor Contact

Name:

Phone:

Email:

Client Details

Age:

Perimenopausal

Postmenopausal

How long have you been having symptoms?

List of physical symptoms:

List of emotional symptoms:

Which self-care strategies are you using to support yourself?

Exercise

Naturopathic Care

Healthy Eating

Meditation

Massage

Acupuncture

Yoga

Other

Which social/emotional supports do you have in place?

Spouse

Family Doctor

Other

Friends

OB/GYN

Family

Counsellor

Goals for the session(s):

Length of session desired: 30 min 45 min 60 min

Number of sessions per week:

Days and Times that work best for you:



ACKNOWLEDGEMENT

*Please note that Bev is not able to dispense medical advice. Medical decisions need to be made between the patient and her physician.

By signing this intake form, I acknowledge that in the interest of my health and safety, my emergency and/or medical contact may be notified, if I exhibit signs of self-harm.

Full Name

Date

When you have completed the form, please click "Print" and select "Print to PDF".

Email completed form to:

"bev@themenopausalmind.com"