

# The Earthheart Institute

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[CenterThrive.com](http://CenterThrive.com) • [JoyPotential.com](http://JoyPotential.com)

[Facebook.com/ThrivingRelationships](https://Facebook.com/ThrivingRelationships) • [Facebook.com/YourJoyPotential](https://Facebook.com/YourJoyPotential)

## Individual Information Form

**Name:**

**Date:**

**Spouse/Significant Other:**

**Children's names and ages:**

**Why are you seeking services?**

**Have you had any past experience with counseling or coaching? If so, please describe.**

**What do you want more of in your life?**

**What gets in the way of having this?**

**What do you want less of in your life?**

**What do you value most in life?**

**What are your greatest gifts/strengths?**

**Which relationships in your life are most important to you? Please list those individuals here. Then, next to their names, on a scale of 1-10, please rate how healthy and connected you feel in each of these relationships (10 being the healthiest and most connected).**



Please describe your physical health, how you feel about it, and how you'd love for it to look.

Please describe your mental and emotional health, how you feel about it and how you'd love for it to look.

Please describe your spiritual health, how you feel about it, and how you'd love for it to look.

Are you currently seeing a therapist, counselor, healer, massage therapist, nutritionist, chiropractor, life coach, etc.? If so, for what are you seeking their services?

Do you or your family members have any history with mental illness? If so, please describe.

Are you currently on any medications? If so, please list them and what they are prescribed for.

**Special Interests/Requests:**

Counseling/Coaching  Reiki  Hypnotherapy  EMDR  Subconscious Reimprinting   
EFT (Emotional Freedom Technique)  Mindfulness Meditation  Not Sure/  
Curious:

Is there anything you'd like for me to know about you so that I can best serve and support you?

