



## Patient Intake Form

### Patient Information

- Full Name: \_\_\_\_\_
- Preferred Name or Nickname: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- Sex:  Male  Female
- Phone (home/mobile): \_\_\_\_\_
- Email: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Marital Status:  Single  Married  Divorced  Widowed  In a Relationship:  
Name of Significant Other, if Applicable: \_\_\_\_\_
- Names/Ages of Children, if Applicable \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Highest Grade/Degree Completed:  
\_\_\_\_\_
- Emergency Contact Name & Phone: \_\_\_\_\_

### How Did You Hear About Us?

- Referred by a Provider \_\_\_\_\_
- Friend/Family \_\_\_\_\_
- Social Media
- Online Search
- Other: \_\_\_\_\_

## Health & Wellness History

- Primary reason for your visit today:

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- When did this concern begin?

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- Have you had similar issues in the past?  Yes  No If yes, please explain:

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- Have you received NET or mind-body treatments before?  Yes  No

If yes, where/when: \_\_\_\_\_

- Check any that apply and add details, where applicable:

- Chronic stress  Anxiety  Depression  PTSD  Sleep issues  Eating disorder  
 Digestive issues  Hormonal imbalance  Autoimmune conditions  Chronic pain  
 Addiction  Other \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Current medical/psychological diagnoses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Medications you routinely take:

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- Supplements you routinely take:

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- Check the box if you smoke  Drink alcohol  Frequency/amount: \_\_\_\_\_  
\_\_\_\_\_

- Are you under the care of other healthcare providers?  Yes  No  
If yes, list names/specialties: \_\_\_\_\_

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### **Lifestyle & Emotional Wellbeing**

- Current stress level:  Low  Moderate  High  Overwhelming
- Stress management strategies:  
 Exercise  Meditation/Yoga  Talking  Avoidance  Other: \_\_\_\_\_
- Do you feel emotionally supported?  Yes  No  Sometimes
- Have you experienced significant emotional events or trauma?  Yes  No  
(Including Optional details):

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### **NET Goals & Intentions**

- What do you hope to gain through NET?

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- Specific emotions, events, or patterns you'd like to address?

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### **Signature**

The information I have provided is, to the best of my recollection, current and accurate.

I understand that it will remain confidential unless I consent otherwise.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_