



## Client Intake Questionnaire

*Thank you for your interest in my Chi Nei Tsang practice. I look forward to working with you on improving your health. To give me a better understanding of your specific concerns, please provide the following information.*

***(Note: Please complete the questionnaire and email it back to me at [beawell@gmail.com](mailto:beawell@gmail.com) before your scheduled appointment.)***

**Name:**

**Birth Date:**

**Occupation:**

**Today's Date:**

***1. Please describe your current health concerns (physical, mental and/or emotional) that made you decide to seek Chi Nei Tsang as a form of therapy.***

***2. What have you done for relief/healing?***

***3. Has there been a medical diagnosis? Y N; If yes, please state diagnosis.***

***4. Do you have other areas of pain or concern?***

***5. Have you had any surgeries, abdominal or otherwise? If Yes, please note date and type of surgery.***

***6. Are you scheduled for a surgical procedure?***



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- 7. How many times/day do you usually have a bowel movement?**
- 8. How would you describe your bowel movements?**
  
- 9. How would you describe your breathing? e.g. labored, shallow, full**
- 10. Have you ever experienced any restricted breathing? If so, describe.**
  
- 11. How much water do you drink per day, in ounces? e.g 72 oz, six 8-oz. glasses**
  
- 12. How many hours/night do you generally sleep?**
- 13. At what time do you usually go to bed and wake up?**
- 14. How would you describe your sleeping pattern?**
  
- 15. How many times per day do you eat and at what times?**
- 16. How would you describe your eating pattern? e.g regular, sporadic, grazer, picker**
  
- 17. Do you crave certain foods or any of the following tastes? salty, sour, sweet, bitter, spicy .**
  
- 18. How would you describe your energy lately?**
- 19. What times do you feel particularly tired or experience discomfort?**
  
- 20. How would you describe your emotions lately?**
- 21. How have you been dealing with them?**



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***22. What climate conditions affect you the most, both positively and negatively?***

***23. Do you like to have a plan of action or do you enjoy spontaneity?***

***24. When given several options, do you find it easy or difficult to make decisions?***

***25. Do you have a personal meditation or spiritual practice?***

***26. Do you make good connections with other people?***

***27. Do you feel that your relationships are fulfilling?***

***28. Please list any medications, prescriptions or supplements which you are currently taking.***

***29. If you are receiving care through other modalities, please list type of care and provider.***

***30. Do you have any questions you'd like me to address during the session?***

***31. Anything else you'd like me to know?***

***Thank you~***

***Francesca Fasano***