

June BlueSpruce
Intuitive Healer, Mentor, and Life Coach

New Client Questionnaire

Name _____

Date _____

1. What led you to seek out this consultation? _____

2. Do you have any major physical illnesses or conditions impacting your life at this time (for example, diabetes, heart disease, arthritis, fibromyalgia, cancer)? Yes No

If yes, what illness/condition(s)? _____

What types of treatment are you receiving for this condition at this time, if any, and what types of practitioners are you seeing? _____

What medications are you taking for this condition, if any? _____

3. What major injuries have you had, and when? _____

4. Have you ever been diagnosed with a mental health condition (for example, depression, anxiety, bipolar, obsessive-compulsive disorder, personality disorder)? Yes No

If yes, what illness/condition(s)? _____

What types of treatment are you receiving for this condition at this time, if any, and what types of practitioners are you seeing? _____

What medications are you taking for this condition, if any? _____

5. Please briefly describe major events from your past that you feel might be related to our work together. Include any events you consider to be traumatic, significant losses, or changing points in your life.

6. Alcohol and substance use:

How often did you have 1 drink containing alcohol in the last year?

- Never
- Monthly or less
- 2 to 4 times per month
- 2 or 3 times per week
- 4 or more times per week

How many drinks containing alcohol did you have on a typical day when you were drinking in the last year?

- I don't drink alcohol
- 1 to 2 drinks
- 3 to 4 drinks
- 5 to 6 drinks
- 7 to 9 drinks
- 10 or more drinks

How often did you have 5 or more drinks on one occasion in the last year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

How often did you use drugs or substances other than alcohol for recreational purposes in the last year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

7. Please briefly describe what kinds of things you do on a regular basis to stay centered and take care of yourself. _____

8. Please list a few of your most important gifts or strengths. _____

9. Please briefly describe where your ancestors came from, if you know. _____

10. Please briefly describe any major historical or other events you know about that impacted your family in the last two or three generations (for example, immigration, war, political repression, sudden deaths, etc.).

11. (If applicable) Do I have your permission to contact and consult with any of the medical, healing or mental health providers you are currently seeing about your care? If so, please give names, addresses and phone numbers for each one and sign below.

I give June BlueSpruce permission to contact and consult with the following provider(s) and to disclose confidential information for the purpose of providing shamanic and coaching services and coordinating care.

Print name _____ Signature _____ Date _____