

TRINITY HOLISTIC WELLNESS

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L.I.V.E. METHOD INTAKE FORM

Please Print Clearly

Name: _____ Date: _____

What is/are the primary concern(s) that you would like to address?

How would you describe your relationships with the following people (as applicable):

Spouse: _____

Mother: _____

Father: _____

Siblings: _____

Children: _____

Extended family (Grandparents, aunts, uncles, cousins)

Friends/co-workers: _____

What hobbies or other activities do you enjoy? _____

What particular interpersonal or career-related skills do you feel that you have?

Do you have any pets? _____

What spiritual/religious practice or beliefs do you hold? _____

Do you exercise? If yes, what type and how often?



Do you experience any other the following?

- 0 Depression
- 0 Significant unexplained weight gain/loss
- 0 Violent behavior
- 0 Suicidal thoughts
- 0 Memory loss
- 0 Food allergies
- 0 Environmental allergies
- 0 Exposure to toxins/poisons
- 0 Migraine
- 0 Anxiety
- 0 Hyperactivity/Restlessness
- 0 Learning problems
- 0 Physical/Emotional/Sexual abuse
- 0 General irritability
- 0 Dyslexia
- 0 Phobias
- 0 ADD/ADHD
- 0 Post-Traumatic Stress Disorder
- 0 Seizure disorder (epilepsy)
- 0 Addictions/Substance abuse
- 0 Bipolar disorder
- 0 Schizophrenia
- 0 Eating disorders
- 0 Difficulty sleeping
- 0 Reproductive issues
- 0 Underachievement (at work, school, or home)
- 0 Sleep apnea
- 0 OCD
- 0 Other _____

Is there anything additional that you would like for me to know? _____

I acknowledge and agree by my signature below that I understand that the L.I.V.E. Method is not intended to diagnose, treat, cure, or prevent any disease, nor is it intended to be a replacement for medical advice and/or medical treatment for any condition or problem. I hereby acknowledge that although the L.I.V.E. Method practitioner is here to be of assistance to me in moving toward health and healing, my choices and decisions regarding my care and my life are my own choices and decisions. L.I.V.E services are requested at my own choice and with inherent singular responsibility. The L.I.V.E. Method practitioner shall not be responsible for any loss or damage caused, or alleged to have been caused, directly or indirectly, by the information or ideas contained, suggested, or referenced in service appointments. My use of the information received during L.I.V.E. Method visits does indicate my understanding that I am able to make my own decisions about emotional and interpersonal matters, and the L.I.V.E. Method practitioner is not responsible for any decisions that I make, or fail to make. I understand that the fields of Applied Kinesiology, Energy Medicine, and Energy Psychology are not exact sciences, and although highly positive results are intended and expected, they cannot be guaranteed. I understand that Carolyn Berghuis is not a medical doctor, a psychiatrist, or a psychologist, but has extensive specialized training and study in the area of emotional wellness and The L.I.V.E Method.

Signature: _____