

INTEGRATIVE INTAKE SCREENING

Full Name: _____ Date: _____

Date of birth (YYYY/MM/DD): _____ Age: _____ Gender: _____

Cell: _____ Email: _____

What experience brought you VHMEC? _____

Please list your primary health concerns in order of importance:

- 1. _____ Date of onset: _____
- 2. _____ Date of onset: _____
- 3. _____ Date of onset: _____

What top changes in your health do you wish to see over the coming 6 months:

- 1. _____
- 2. _____
- 3. _____

Please rate the following statements, with 1 (not true) to 5 (very true):

- Given the right tools, my body has the ability to heal itself: 1 2 3 4 5
- My style is to research as much as I can about my health concerns: 1 2 3 4 5
- I prefer to work with a practitioner who just tells me what I need to do: 1 2 3 4 5
- Preventing illness is a priority for me: 1 2 3 4 5
- I am hesitant to try non-mainstream healthcare approaches: 1 2 3 4 5
- Intuition plays a significant role in my healthcare choices: 1 2 3 4 5
- I value the healing process just as much as achieving the end goal: 1 2 3 4 5

On a scale of 1 (low) to 10 (high), please rate:

Overall level of stress: _____ Overall energy level: _____
 How happy you are generally: _____ Overall sleep quality: _____

On a scale of 1 (low) to 10 (high), please rate how willing you are to:
 Address your exercise routine: _____ Change your diet: _____
 Invest financially in your health: _____ Invest time into your health goals: _____

Rate how **familiar you are with each of the following professions** and approaches from 1 (entirely unfamiliar) to 10 (very familiar):

Naturopathic Medicine:	1	2	3	4	5	6	7	8	9	10
Psychotherapy:	1	2	3	4	5	6	7	8	9	10
Acupuncture:	1	2	3	4	5	6	7	8	9	10
Osteopathy-Manual:	1	2	3	4	5	6	7	8	9	10
Holistic Nutrition:	1	2	3	4	5	6	7	8	9	10
Reiki & Shamanic:	1	2	3	4	5	6	7	8	9	10
Energy Work:	1	2	3	4	5	6	7	8	9	10

How **curious or interested** are you in experiencing each approach (where 1 is uninterested, and 10 is very interested):

Hands-on body-work treatments such as

(Massage, Osteopathy, Facial Sculpting, O.T):	1	2	3	4	5	6	7	8	9	10
Traditional Chinese Medicine Acupuncture (Cupping, Moxa):	1	2	3	4	5	6	7	8	9	10
Laser Auricular Acupuncture:	1	2	3	4	5	6	7	8	9	10
Body Processes:	1	2	3	4	5	6	7	8	9	10
Access Consciousness:	1	2	3	4	5	6	7	8	9	10
Counselling or Coaching (Psychotherapy, Generational):	1	2	3	4	5	6	7	8	9	10
Spiritual health (e.g. Shamanic healing, Axitonal Alignment):	1	2	3	4	5	6	7	8	9	10
Light-touch therapies such as Reiki or Bowen therapy:	1	2	3	4	5	6	7	8	9	10
Live Blood Cell Analysis:	1	2	3	4	5	6	7	8	9	10
Personal Training & Nutrition:	1	2	3	4	5	6	7	8	9	10
Specialized medical testing:	1	2	3	4	5	6	7	8	9	10
Natural health products, and botanicals (herbs):	1	2	3	4	5	6	7	8	9	10
Intravenous therapy (vitamins, injection):	1	2	3	4	5	6	7	8	9	10

Is **insurance coverage** a necessary consideration in your choice of ideal healthcare service?
