

**WELLNESS CONSULTATION Intake Form**  
**Holly Tisdale, Pathways to Healing**  
**Jin Shin Jyutsu, Reiki, Avana Method & Flower Essence Practitioner**

*“My destiny is in my own hands.” ~ Mary Burmeister*

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please answer all of these questions as thoroughly as possible, but with the knowledge we can discuss deeper in person. All information is confidential. If you need more space, please use the margins or a separate sheet of paper. *Please feel free to skip a question if it does not feel relevant to you.*

Have you ever had a Flower Essence Consultation before? YES NO

What has drawn you to this type of therapy?

What do you do for fun? (ex: hobbies, personal time, etc.)

On a scale of 1-10, how stressful is your life currently? \_\_\_\_\_

What do you do to deal with your stress? (ex: exercise, eat, sleep, smoke, ignore it)

How much and what type of physical exercise do you get each week?

How much sleep do you get and on average? Do you feel you get enough sleep?

### **Main Issues to Address**

What are 2 main areas of health (in body, mind/emotions, spirit or lifestyle) that you wish to address with the plants?

1. \_\_\_\_\_
2. \_\_\_\_\_

Have you seen any other practitioners for this? If so, was there a diagnosis?

When or how did the problem(s) begin? Can you think of a specific life event that caused it? We can go more into this during our time together.

Are there any significant childhood experiences (including general family dynamics/ancestry) you would like to share in relation to the above issues? If yes, can go more into this in our time together.

How would you describe your current emotional support system? (family, friends, community, psychotherapy)

Are you currently on any medications: prescription, over-the-counter, or herbal?

Are you taking any nutritional supplements or vitamins? If so, please list:

Do you have allergies? (alcohol, gluten, pollen, dander, etc.) \*If you prefer no alcohol please state (essences are preserved with a small amount of alcohol that can be omitted)

**Questions For Deeper Insight:**

Please describe your current level of happiness/satisfaction in your *relationships* (partner, children, friends) or absence of them.

Please describe your current level of happiness/satisfaction in your relationship to *yourself*. What would you change or adapt if you could?

Are you happy in your career and satisfied with your current level of achievements?  
Please elaborate with any additional information you feel may be important.

What are your life's dreams/goals?

What are your biggest fears?

What are you most excited about in your life right now?