

Harmony Way

Owner: Rev. Michelle Caron, RMT, CYT, ZIN
Educator, Herbalist, Holistic Health Coach
407 Monson Road
Wilbraham, MA 01095



Harmony Way Intake Form/Waiver

Affordable Body-Mind-Spirit Holistic Services

Name _____ Age _____ Birthdate _____

Address _____ Email _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone: _____

Occupation _____ Employer _____

Marital Status _____ Name of Spouse/Partner _____

How Long Have Both of You Been Together? _____ Religion _____

*If Client is a Minor, Name of Parent/Guardian _____

Emergency Contact Info:

Name of Closest Friend/Relative _____ Phone _____

Address _____ City _____ State _____ Zip _____

*There are times when prior medical or psychological records may be requested.
Please make sure that all information given below is correct.*

Do You Smoke? _____ How Much? _____ Do You Drink? _____ How Much? _____

Do You Take Drugs? _____ If yes, what kind? _____ How often? _____

Last Medical Examination _____ Reason _____

Are You Now Under a Doctor's Care? _____ If yes, Doctor's name: _____

Reason for Doctor's Care: _____

Are You Taking Any Medication? _____ If yes, what kind? _____

Reason for Medication: _____

Have You Ever Been Hospitalized for a Physical Illness? Describe: _____

Have you ever been Hospitalized for a Mental Illness, Personality Disorder, Anxiety Disorder, etc? Describe: _____

Any Previous Therapy/Counseling? _____ If Yes, Name and Phone Numbers of Therapists (if you have them & don't mind providing this information): _____

When and Number of Sessions (approximately): _____

Type of Therapy/Counseling (if known): _____

How were you referred to Harmony Way? _____

What do you wish to achieve with sessions? _____

Check Any of the Following That May Apply to You:

- ☐ Headache
- ☐ Dizziness
- ☐ Fainting Spells
- ☐ No Appetite
- ☐ Over-Eating
- ☐ Stomach Trouble
- ☐ Bowel Disturbances
- ☐ Always Tired
- ☐ Always Sleepy
- ☐ Unable To Relax
- ☐ Insomnia
- ☐ Recurrent Dreams
- ☐ Nightmares
- ☐ Hallucinations

- ☐ Inferiority Feelings
- ☐ Feel Tense
- ☐ Feel Panicky
- ☐ Fears and Phobias
- ☐ Obsessions
- ☐ Depressed
- ☐ Suicidal Ideas
- ☐ Take Tranquilizers
- ☐ Alcoholism
- ☐ Dangerous Drugs
- ☐ Allergy
- ☐ Asthma
- ☐ Alternative Lifestyle
- ☐ Sexual Problems

- ☐ Shy With People
- ☐ Can't Make Friends
- ☐ Afraid Of People
- ☐ Home Conditions Bad
- ☐ Unable To Have A Good Time
- ☐ Always Worried About Something
- ☐ Don't Like Weekends/Vacations
- ☐ Can't Make Decisions
- ☐ Over-Ambitious
- ☐ Financial Problems
- ☐ Gambling
- ☐ Job Problems
- ☐ Can't Keep A Job
- ☐ Other (explain) _____

Any other goals for yourself, questions you have, or issues you wish to address in your session(s)?

By signing below, you consent to receive services from Michelle Caron/Harmony Way and have read and understood the company policies listed on the website. By signing, you also understand that the services you receive are not a diagnosis or treatment and are not a substitute for medical care. Upon signing, you also agree to pay in full at time of service (unless a payment plan has previously been arranged and signed) and to "hold harmless" Michelle Caron/Harmony Way of liability claims that pertain to any services rendered.

Signature (or signature of parent/guardian, if minor)

Date