

# NIASZIIHHealing Clinic. Confidential Intake Form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to be on our mailing list for future clinics?

\_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Reason for coming to the NIASZIIHhealing Clinic:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there other health issues we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on any medications or supplements? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently receiving healing work? If so, what kind?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation \_\_\_\_\_

How did you hear of the NIASZIIHhealing Clinic?

\_\_\_\_\_

*Please return this form to us at: [niasziihhealingclinicithaca@gmail.com](mailto:niasziihhealingclinicithaca@gmail.com) before your scheduled session. Feel free to contact us with any questions.*