



New Client Weight Loss Intake Form

The first part of this form is for the client to fill out either alone or with the practitioner. The second part of this form is for the practitioner's use. Use this form at the beginning of your relationship and complete it again after one or more sessions.

Your current weight: _____

Your ideal weight: _____

Your ideal weight according to your subconscious (for practitioner use): _____

Details:

Is your extra weight evenly distributed? Yes No, I carry it in these areas: _____

Pain Rating: *On a scale of 1 to 10, 10 being the worst:*

____ How severe would you say your weight issue is?

____ How problematic is this issue for you as a whole?

____ How much does it interfere with your day to day activities?

____ How much does it interfere with your relationships?

____ How many times out of 10 do you cancel social plans because of your weight?

____ How at risk is your work or schoolwork because of these issues?

Details: *Do you occasionally or often experience the following: **Un-check all that DO NOT apply.***

Feeling vulnerability Feelings of insecurity Lack of connection with others Feeling a lack of control/power Self-rejection Negative self-talk Resentment toward others who've hurt you Anger Hurt feelings Offended by others Fatigue

Difficulty concentrating/Brain fog Physical aches and pains Issues with one or both parents Overeating Digestive problems or discomfort Loss of appetite Tension or nervousness Overeating

Other (*please describe*) _____

Current:

Approximately how many calories do you eat per day? _____ I don't know

What (if anything) seems to make make you gain weight, or be unable to lose weight?

What are you currently doing to lose weight? _____

What helps you to lose weight? _____

Please list any medications, supplements or therapies you are using: _____

Activities: *Please check the following things you do regularly (2x per week or more)*

Exercise Work up a sweat Eat a balanced diet Avoid refined sugar Avoid starchy food Sleep too much Eat irregularly Eat/drink refined sugar Eat starchy food Use artificial sweeteners Eat processed foods

History:

When did your weight problem begin? _____

What (if anything) triggered the onset of this problem? _____

Please describe any traumas you feel may be related to this problem, even indirectly: _____

What have you done to treat it in the past? _____

Please list any family members who have / have had similar problems: _____

Have you been exposed to any known environmental toxins? Yes No

Goals:

If you didn't have this issue, what would you be able to do? _____

If you didn't have this issue, what would want to do? _____

If this issue went away tomorrow, how would you feel? _____

Mindset:

Do you feel like you are in a good place to work on you? Yes No

If yes, why? _____

For staff use only

Metaphysical connections / Emotional issues: *(check off for problematic answers)*

- Do you need protection?
- Do you need armor?
- Are you in danger?
- Are you okay with forgiving?
- Does something need to be released to help you forgive something/someone?
- Is something causing you to be oversensitive?
- Is hidden resentment causing you to hold onto extra weight?
- Is toxicity causing you to hold onto extra weight?
- Is something preventing you from receiving all the love you should be receiving?
- Are you okay with being secure in your appearance?
- Are you okay with being attractive?
- Are you okay with being smaller?
- Is it safe to be smaller/thin?
- Are you okay with being slim?
- If you become smaller, you'll fade away and this is not okay
- Do you need to be larger so you can be seen?
- Do you need to be larger so you can protect yourself?
- Do you need to be larger so you can be more powerful?
- Are you okay with loving yourself?
- Are you okay with loving your appearance?
- Are you okay with accepting your body?

List other questions/issues that come to mind intuitively:

Mode: *(Stagnant or Weight Gain Mode can indicate an issue that needs to be worked on, and can be approached as an issue itself, by removing the underlying causes)*

Weight Loss Mode _____%

Stagnant Mode _____%

Weight Gain Mode _____%

Actual weight _____ - Emotional Body Wall Weight _____ = Intial Goal Weight _____

Body Balance: Check balance of the following body parts / systems that are often related to weight problems:

Glands

- Left Adrenal ___%
- Right Adrenal ___%
- Pineal Gland ___%
- Pituitary Gland ___%
- Thyroid ___%
- Parathyroid ___%
- Pancreas ___%

Organs

- Heart ___%
- Sm. Intestine ___%
- Colon ___%
- Stomach ___%
- Liver ___%
- Gallbladder ___%
- Ileocecal valve ___%

Systems

- Circulatory System ___%
- Digestive System ___%
- Endocrine System ___%
- Lymphatic System ___%

- Stress Bucket _____ %

Dietary Specifics:

Is Dehydration an issue?

Foods to avoid: Inflammatory Starches/Sugars Intolerances Other

Foods to eat: Proteins Vegetables Fats More water

Toxicity: Check off anything problematic

- Heavy metals Excesses (details:)

- Chemicals (details:)

- Microbial (details:)

- Dental (details:)

Things to monitor later down the road:

- Addictive Heart Energy
- Digestive
- Other

- Other
