



# Vitality Rising

BioEnergetic Health Practitioner • Kimberly Isley

## NEW CLIENT HEALTH INTAKE FORM

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### SECTION 1 — PERSONAL INFORMATION

Full Name:  Preferred Name:

Date of Birth:  Blood Type:  Pronouns:   
\* If unknown, a blood type kit on Amazon (~\$10) is helpful but not required

Email:  Phone:  Best time to reach:

City / State:  Scan Type:  In-Person  Remote (hair/photo/voice)

### SECTION 2 — YOUR HEALTH JOURNEY What brings you here today?

Please describe your top 3 concerns or goals — and when each began:

1.

2.

3.

What have you been diagnosed with (past or present)? Include physical, mental, and emotional diagnoses:

Have you worked with any of the following practitioners in the last year? (Check all that apply)

Medical Doctor (MD)  Psychiatrist / Psychologist  Naturopathic / Functional MD  Chiropractor

Acupuncturist  Nutritionist  Energy Healer / Shaman  Self-care only

Other practitioner / notes:

### SECTION 3 — PHYSICAL HEALTH

Current prescription medications (name & purpose):

Current supplements / vitamins:

Sleep habits (hours, quality, aids used):

Bowel movements (frequency, consistency):

Do you have all your original organs?  Yes  No — please specify

**SECTION 3 — PHYSICAL HEALTH (CONTINUED)**

**Known allergies (food, environmental, chemical, medication):**

**Diet / Eating habits — describe a typical day:**

**Exercise habits:**

**Currently detoxing?**

Yes — describe:

No

**Did you receive the COVID-19 vaccine?**

Yes

No

Prefer not to say

**# of boosters:**

**SECTION 4 — LIFESTYLE & HABITS**

**Please indicate any habits that apply to you:**

Alcohol (beer, wine, spirits)

Nicotine (cigarettes, vape, cigars)

Recreational / street drugs

Cannabis / marijuana

Caffeine (coffee, energy drinks, tea)

Excess sugar / sweets / processed foods

Gambling

Screen / social media addiction

Overworking / workaholism

Other:

Please describe any habits in more detail or note frequency:

**SECTION 5 — EMOTIONAL & TRAUMA HISTORY** *This is a safe space. Your answers are confidential.*

*Research shows that emotional events, trauma, and stress are deeply linked to physical health. Please share only what you are comfortable with.*

**Have you experienced significant emotional loss? (Check all that apply)**

Death of a parent

Death of a child

Death of a spouse/partner

Death of a close friend

Death of a pet

Divorce / separation

Loss of a pregnancy / miscarriage

Loss of a job / financial collapse

Loss of home / displacement

Estrangement from family

Other significant loss:

Please describe any losses and the approximate age or year they occurred:

Have you experienced abuse of any kind? (Check all that apply — you may leave blank if preferred)

- Physical abuse
- Sexual abuse
- Bullying (childhood / adult)
- Financial / coercive control
- Medical trauma / mistreatment
- Emotional / verbal abuse
- Neglect (childhood)
- Domestic violence
- Religious / spiritual abuse
- Prefer not to specify (experienced abuse)

If comfortable, please share any context (who, your age, duration, healing steps taken):

**SECTION 6 — CHILDHOOD & EARLY LIFE HISTORY** *Our earliest experiences shape our body's patterns*

Describe your overall childhood health (illnesses, hospitalizations, chronic issues, vaccinations concerns):

Describe your emotional environment growing up (family dynamics, stress at home, feeling safe/loved):

Did you experience significant childhood stressors? (Check all that apply)

- Parents divorced / separated
- Parent with addiction
- Parent with mental illness
- Poverty / financial instability
- Frequent moves / instability
- Bullied at school
- Felt unloved / unwanted
- Witnessed violence
- Religious trauma
- Racial / cultural discrimination
- Illness or hospitalization as a child
- Other childhood stressor:

Please share anything else about your childhood that you feel is relevant to your health today:

**SECTION 7 — ACCIDENTS, SURGERIES & PHYSICAL TRAUMA**

Please list any major accidents, injuries, surgeries, or physical traumas (include your age at the time):

Have any of these events left lasting physical OR emotional effects?

Have you experienced anxiety, depression, PTSD, or other mental health challenges?  Yes  No

**SECTION 9 — ANYTHING ELSE?** *Your space to share freely*

Is there anything else — physical, emotional, spiritual, or relational — you would like Kimberly to know before your scan?

How did you hear about Vitality Rising?

By signing below I confirm that the information provided is accurate to the best of my knowledge. I understand that BioEnergetic Health services are complementary and wellness-oriented and do not replace medical diagnosis, treatment, or advice from a licensed medical professional.

Signature: \_\_\_\_\_

Date: