

Quiet Mind Intake Form

Date _____

Client Information

Name _____

Date of Birth _____

Address _____

Please only provide contact information via which I have permission to contact you

Cell Phone _____ Alternate _____ () work () home

Email _____

Emergency Contact _____

Phone Number _____

Uncontrolled high blood pressure () Yes () No

Please note that when stress management techniques are implemented, blood pressure may begin to lower naturally. Monitoring of blood pressure by/communication with your medication prescribing doctor is advised to prevent side effects of low blood pressure

Signature _____