

Holistic Health History

As a holistic practice, we acknowledge that folx may address their wellness needs in a variety of different ways that may include Mind, Body, and/or Spirit. Please let us know what we missed and feel free to skip any question that may not be relevant to your experience and/or identity.

Healing Modalities

Please "X" any current/past practices that you engage/d in to improve your physical, mental, or spiritual health.

	Current	Past		Current	Past
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	Hypnosis	<input type="checkbox"/>	<input type="checkbox"/>
Ayurvedic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Massage	<input type="checkbox"/>	<input type="checkbox"/>
Body Movement Therapies	<input type="checkbox"/>	<input type="checkbox"/>	Meditation	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Naturopathy	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic/Osteopathic Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Nutritional Healing	<input type="checkbox"/>	<input type="checkbox"/>
Cupping	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Dietary Supplements	<input type="checkbox"/>	<input type="checkbox"/>	Qigong	<input type="checkbox"/>	<input type="checkbox"/>
Electromagnetic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Reiki	<input type="checkbox"/>	<input type="checkbox"/>
Herbal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	Tai Chi	<input type="checkbox"/>	<input type="checkbox"/>
Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>	Yoga	<input type="checkbox"/>	<input type="checkbox"/>

What did we miss? _____

What type of remedies (if any) are you currently taking? _____

For therapist use: _____

Health Beliefs and Spirituality

How have your beliefs (if any) influenced how you take care of your physical, mental, and emotional health?

Do you feel that your spiritual health is affecting your physical health? Yes No

If yes, please explain: _____

Does your spirituality impact your health care decisions? Yes No

If yes, please explain: _____

In what ways (if any) do you engage in ritual for healing purposes? (e.g. prayer, shamanic healing, sacred body movements) _____

Is there any certain way that you'd like for your therapist to consider your spirituality in relation to your mental health care? _____

Is there anything else you'd like to share about the role of religion, spirituality, and/or ritual in your healing process? _____

For therapist use: _____
