



Mother Jai's LLC

**Jennifer Lawson - BS, IAC, CSFS, CGFI, CPT,
CWMS, CCES, SSFLEX, RYT-200**

**VM/TXT 720-336-1413
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Intake Questionnaire

Name:

Birthdate:

Address:

Phone(s):

Email:

Best Contact:

Height:

Weight:

BMI:

Current Diagnoses (Illnesses/Diseases):

Medications:

Supplements:

Allergies (foods, plants, & medications):

Personal Information: optional, useful for working to heal you as an entire individual
– mind, body, and spirit.

Married?

How Long?

Religion/Spirituality?

Children (# & ages):

Job/Career Position:

How Long?

Satisfied with Career or Need a Change? Explain.

Education:

Friends/Family you can use for support/back up?

Habits

Hobbies:

Interests:

Dislikes:

Perceived Issue(s):

Perceived Setbacks:

Desired Outcome:

* This information is gathered only for the purpose of determining therapeutic options and will not be used for any other purpose nor will it be shared with anyone else for any reason, ever. All personal information is stored and protected according to HIPAA Laws.