BASECAMP WELLNESS HEALTH HISTORY & INTAKE FORM

Name [redacted]

Email [redacted]

Street Address 602 Woodkolin lane SAN RAFAEL 94903

City/State/Zip 94903

Cell Phone 415 388 1124

DOB 23/01/1961

Emergency Contact / Phone # Marilyn Russell 415 722 6021

Relationship to you Friend

Do you have any health or wellness concerns / conditions right now?

None

If yes, are you receiving any professional or medical support for any of these concerns?

None

Describe your primary reason for attending this workshop. What is your ideal outcome for our time together?

Help w/ Stress at Work

Where do you typically hold tension or discomfort in your body?

My Back

How would you describe your overall energy level? Does it fluctuate or stay consistent? When are you most/least energized?

I have good energy

On a scale of 1-5 how would you rate your stress levels currently in the following areas (1=low and 5=high):

- Health-related 2
- Work-related 3
- Other Stressors, please list
- Primary Relationships 2
- Financial 1

What activities / aspects in your life give you the most pleasure and meaning? Petanque - Poker

What is your experience with Mindfulnesss & Yoga Practices?
1=limited, 2=moderate, 3=experienced

- Poses 1
- Breathwork 1
- Relaxation 1
- Meditation/Centering 1
- Yoga or other Wisdom studies and practice 1

Is there anything else you'd like to share?

Work more

BASECAMP WELLNESS HEALTH HISTORY & INTAKE FORM

Name: [redacted]

Email: [redacted]

Street Address: 127 Pixley Ave.

City/State/Zip: Corte Madera, CA 94925

Cell Phone: 415.999.5475

DOB: 05/27/1965

Emergency Contact / Phone #: [redacted]

Relationship to you: Friend

Do you have any health or wellness concerns / conditions right now?
YES, stress, anxiety, poor mental clarity

If yes, are you receiving any professional or medical support for any of these concerns?
YES, occasional therapy session

Describe your primary reason for attending this workshop. What is your ideal outcome for our time together?

Tools to deal with stress and anxiety. Help with staying more present in the moment.

Where do you typically hold tension or discomfort in your body?

Neck, shoulders, upper back

How would you describe your overall energy level? Does it fluctuate or stay consistent? When are you most/least energized?
My energy levels are decent. I manage to get out to exercise regularly. My issues are more a lack of motivation, paralysis from anxiety.

On a scale of 1-5 how would you rate your stress levels currently in the following areas (1=low and 5=high):

- Health-related 2
- Work-related 4
- Primary Relationships 4
- Financial 4
- Other Stressors, please list

What activities / aspects in your life give you the most pleasure and meaning? Exercise, gardening, organizing

What is your experience with Mindfulnesss & Yoga Practices?

1=limited, 2=moderate, 3=experienced

- Poses 1
- Breathwork 1
- Relaxation 1
- Meditation/Centering 1
- Yoga or other Wisdom studies and practice 1

Is there anything else you'd like to share?

I have dabbled with meditation but like most, find it frustrating and eventually give up.

BASECAMP WELLNESS HEALTH HISTORY & INTAKE FORM

Name [redacted]

Email [redacted]

Street Address 137 Cornelia Ave

City/State/Zip MV, CA 94941

Cell Phone

DOB Aug 17, 1951

Emergency Contact / Phone # A [redacted]

Relationship to you Son

Do you have any health or wellness concerns / conditions right now?
I'm seeing various doctors for back issues, a neurologist too.

If yes, are you receiving any professional or medical support for any of these concerns? Yes.

Describe your primary reason for attending this workshop. What is your ideal outcome for our time together? For support w/ getting through the holidays. My daughter committed suicide in March and I'm still grieving.

Where do you typically hold tension or discomfort in your body?
In my head and lower back

How would you describe your overall energy level? Does it fluctuate or stay consistent? When are you most/least energized? Very little energy. I'm depressed

On a scale of 1-5 how would you rate your stress levels currently in the following areas (1=low and 5=high):

- Health-related 3
- Work-related Retired
- Other Stressors, please list My daughter's death
- Primary Relationships 3
- Financial 1

What activities / aspects in your life give you the most pleasure and meaning? hiking, meditating. visiting my grand children

What is your experience with Mindfulnesss & Yoga Practices?

1=limited, 2=moderate, 3=experienced

- Poses 3
- Breathwork 3
- Relaxation 3
- Meditation/Centering 3
- Yoga or other Wisdom studies and practice 3

Is there anything else you'd like to share? No. Thank you.

BASECAMP WELLNESS HEALTH HISTORY & INTAKE FORM

Name [redacted]

Email [redacted]

Street Address 11 Cedar st.

City/State/Zip San Anselmo. 94960

Cell Phone 415-250-2316

DOB 2/9/73.

Emergency Contact / Phone # Inna 415 902 9074.

Relationship to you friend

Do you have any health or wellness concerns / conditions right now?

stress

If yes, are you receiving any professional or medical support for any of these concerns?

NO.

Describe your primary reason for attending this workshop. What is your ideal outcome for our time together?

learn skills for stress - breathing

Where do you typically hold tension or discomfort in your body?

Chest / heart.

How would you describe your overall energy level? Does it fluctuate or stay consistent? When are you most/least energized?

high energy -

On a scale of 1-5 how would you rate your stress levels currently in the following areas (1=low and 5=high):

- Health-related 1
- Work-related 3
- Other Stressors, please list
- Primary Relationships 5
- Financial 3

What activities / aspects in your life give you the most pleasure and meaning?

friends, Kids, tennis, travel

What is your experience with Mindfulnesss & Yoga Practices?

1=limited, 2=moderate, 3=experienced

- Poses 2-3.
- Breathwork
- Relaxation
- Meditation/Centering
- Yoga or other Wisdom studies and practice

Is there anything else you'd like to share with me?