BASECAMP WELLNESS HEALTH HISTORY & INTAKE FORM

Name [redacted]

Email [redacted]

Street Address 20 Skyland Drive #29

City/State/Zip Loveland, CA 94939

Cell Phone 415-902-9076

DOB 06/23/77

Emergency Contact / Phone # 415-950-2316

Relationship to you Friend

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

no

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?

Relaxation

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

shoulders

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

moderate

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
- Work-related
- Other Stressors, please list
- Primary Relationships
- Financial

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

Sucanfa Business / Relationship

What is your experience with Mindfulnesss & Yoga Practices?

1=limited, 2=moderate, 3=experienced

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

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

no

BASECAMP WELLNESS HEALTH HISTORY & INTAKE FORM

Name [redacted]

[redacted]

Street Address 12 Rice Lane.

City/State/Zip Larkspur. CA 94939.

Cell Phone 763-328-6986

DOB 7/6/1973

Emergency Contact / Phone # [redacted]

Relationship to you Friend.

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

NO

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

Not at this time

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

learn about somatic work

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

Temples, Shoulders, jawline - clench!

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

OK energy - tired

Most energized when I'm on an adventure, traveling, Hiking etc.

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
- Work-related
- Other Stressors, please list
- Primary Relationships
- Financial

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

Outdoors, time with friends + family

What is your experience with Mindfulnesss & Yoga Practices?

1=limited, 2=moderate, 3=experienced

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

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

BASECAMP WELLNESS HEALTH HISTORY & INTAKE FORM

Name [redacted]

[redacted]on

Street Address 11 Cedar St.

City/State/Zip San Anselmo. 94960

Cell Phone [redacted]

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
- Primary Relationships 5
- Financial 3
- Other Stressors, please list

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?

BASECAMP WELLNESS HEALTH HISTORY & INTAKE FORM

Name [redacted]

Email [redacted]

Street Address 46 MONTECITO RD

City/State/Zip SAN RAFAEL, CA 94901

Cell Phone 415-798-0449

DOB 11/27/72

Emergency Contact / Phone # ~~415-798-0449~~ [redacted]

Relationship to you FRIEND

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

STRESS - HEART BREAK

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? DESTRESS TOOLS

LEARN NEW TOOLS - DESTRESS

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

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

- VERY HIGH
- MOSTLY CONSISTENT
- LATE MORNING MOST + EVENINGS
- LEAST MID AFTERNOON

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 -5
- Other Stressors, please list
- Primary Relationships -4
- Financial -5

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

HIKING, SURFING, DANCING, PLAYING MUSIC, FRIENDS

What is your experience with Mindfulnesss & Yoga Practices?

1=limited, 2=moderate, 3=experienced

- Poses - 1-2
- Breathwork -2
- Relaxation -2
- Meditation/Centering - 1
- Yoga or other Wisdom studies and practice 1

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

BASECAMP WELLNESS HEALTH HISTORY & INTAKE FORM

Name [redacted]

Email [redacted]

Street Address 147 North San Pedro Rd.

City/State/Zip San Rafael CA 94903

Cell Phone (415) 272-2337

DOB 5/27/64

Emergency Contact / Phone # [redacted]

Relationship to you Step mom

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

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? trauma

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

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

· lazy

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 4
- Primary Relationships 3
- Financial 4
- Other Stressors, please list - lost partner 15 months ago

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

Singing, nature,

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 with me?

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 4
- Primary Relationships 3
- Financial 4
- Other Stressors, please list - lost partner 15 months ago

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

Singing, nature,

What is your experience with Mindfulnesss & Yoga Practices?

1=limited, 2=moderate, 3=experienced

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

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