



Native Chi

Cochise 720-934-4776

Website: <https://cochi.webnode.page/>

email: cochise4@protonmail.com

Client Information

Full Name: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Preferred Contact Method: Email Phone SMS

Emergency Contact Name & Phone: _____

Reason for Visit

Primary Wellness Concern or Goal:

How did you hear about our practice?

Referral Website Social Media Event Other: _____

Physical Wellness

How would you rate your current physical health?

Excellent Good Fair Poor

Current Symptoms or Physical Concerns:

Sleep (average hours per night): _____

Quality of sleep: Restful Somewhat restful Poor Very poor

Movement/Exercise Frequency:

Daily 3-4x/week 1-2x/week Rarely

Nutrition: How balanced do you feel your diet is?

Very balanced Somewhat balanced Needs improvement

Mental & Emotional Wellness

Stress Level: Very high High Moderate Low

Sources of Stress:

Emotional State (check all that apply):

Calm Anxious Sad Overwhelmed Joyful Irritated Numb Other: _____

Do you feel supported by your relationships?

Yes Somewhat No

Lifestyle & Environment

Work–Life Balance: Balanced Somewhat balanced Unbalanced Very unbalanced

Daily Routines (helpful):

Daily Routines (unhelpful or draining):

Home Environment Comfort Level: Very comfortable Mostly comfortable Sometimes
Not comfortable

Medical & Safety Information

Current medications or supplements:

Allergies:

Are you currently receiving care from another wellness or medical provider?

Yes No

If yes, who? _____

Any medical conditions we should be aware of?

Readiness & Consent

How motivated are you to make changes?

Very motivated Somewhat motivated Unsure Not ready

What support do you feel you need to be successful?

Consent for Services

By signing below, you acknowledge that the services provided are wellness-focused and not a substitute for medical diagnosis or treatment.

Signature: _____

Date: _____