

Catalyst Intake Form

PLEASE PRINT NEATLY!

Today's Date:

Last Name: _____ First Name (what you prefer to be called): _____

Address: _____ City, State, & Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____ Occupation: _____

Date of Birth: _____ Age: _____ Sex: _____ Marital Status: _____ # of Children: _____

Names with Ages of People Living With You:



How did you hear about me? / Who referred you?

What is your reason for seeing out Catalyst?

Circle and explain if you are currently taking any of the following:

Prescription drugs, Non-prescription drugs, Herbs, Homeopathic Remedies, Supplements

Are you following a special diet? If yes, explain _____ Do you smoke? If yes, how much _____

Do you drink alcohol? If yes, how much _____ Do you drink coffee or tea? If yes, how much _____

Hours of sleep per night: _____ Describe your quality of sleep: (Excellent / Good / Average / Sporadic / Poor) _____

List any history of significant emotional trauma (give dates): _____

List any history of significant falls, accidents, or injuries (give dates): _____

List any history of hospitalizations or surgeries (give dates): _____

(Read this carefully) Underline ALL you have done in the past, AND completely *Circle* ALL you are currently doing:
Chiropractic, Catalyst, Coaching, Counseling, Exercise, Massage, Meditation, Physical Therapy, Yoga

List All Additional Vehicles Used for Personal Growth: _____

How would you grade your overall: Physical state? _____ Mental state? _____ Emotional state? _____

What has been revealed to you concerning your life's purpose?

What would you like to achieve from receiving Catalyst?

Please include other information you feel is pertinent for serving you:

(continue on the other side)

STATEMENT OF OBJECTIVE:

The purpose of this side of the form is to clearly state the objectives of Catalyst and for you to completely understand the limitations of the Catalyst Facilitator and the full extent of the responsibilities you have to yourself.

- _____ I understand that Catalyst is a gentle, hands-on system of facilitation that uses the integrity of the nervous system to support a greater experience and expression of peace (degree of peace, frequency of peace, etc.)
- _____ I understand that the Catalyst Facilitator does not name or treat symptoms, conditions, or ailments of any kind.
- _____ I understand that the objective of Catalyst Facilitator is to help me achieve greater levels of well-being independent of any physical symptom(s), condition(s), or ailment(s) I may be experiencing.
- _____ I understand that the Catalyst Facilitator does not discourage me from seeking a diagnosis and/or treatment for any symptom(s), condition(s), or ailment(s) I may be experiencing.
- _____ I fully understand that care from a Catalyst Facilitator is not a treatment of any kind.
- _____ I understand that I am fully responsible for my receiving proper diagnosis and treatment expeditiously for any known or unknown medical condition(s) I may have.
- _____ I shall not confuse the service I receive from a Catalyst Facilitator with me fulfilling any responsibilities I may have toward receiving conventional care expeditiously for any condition(s) I may have.
- _____ I understand that any health concern(s) I may have should be brought to the attention of a licensed healthcare professional properly trained in and actively practicing the science and art of diagnosis and treatment.
- _____ I understand that the Catalyst Facilitator practices the art of living well, not the arts of diagnosis and treatment.
- _____ I understand that any suggestion or recommendation I may receive from a Catalyst Facilitator is neither prescriptive advice nor a replacement for professional counseling or therapy.
- _____ I understand that I should address any mental-health concern(s) I may have with a licensed mental-health professional.
- _____ I am aware that additional information about Catalyst is available at www.GoCatalyst.com.
- _____ I understand that it is my responsibility to present, as soon as possible, to my Catalyst Facilitator any question(s) or concern(s) I may have regarding office policies, procedures, and/or objectives.
- _____ I understand and fully accept the fact that, at different intervals, my Catalyst Facilitator may use an outcome assessment survey to monitor my subjective quality of life improvements.

Initial the following statements to approve the use of Catalyst:

- _____ I approve the use of Catalyst for the purpose of helping my body function more peacefully.
- _____ I approve the use of dialogue to help me meet my clearly-stated goals for improving my well-being.

For the parent or guardian of a minor child:

- _____ I, the undersigned, state that I am the legal parent or guardian of the minor child listed on this form.
- _____ I fully understand the objectives of Catalyst and how they apply to my minor child.
- _____ I give consent for my minor child listed on this form to receive Catalyst.

My signature below indicates my understanding and acceptance of all the above. I also understand that payment is due in full at the time services are rendered – unless prior arrangements have been made.

Signature: _____ Date: _____

**WELCOME TO THE EXCITING WORLD OF CATALYST.
THANK YOU FOR THIS OPPORTUNITY TO SERVE YOU WELL.**