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PERSONAL INFORMATION

Welcome to my holistic practice. As we begin our journey together, I encourage you to see yourself as a whole person with emotional, mental, physical and spiritual aspects. Please share with me the following information:

Favorite leisure activities (e.g., gardening, reading, watching t.v., taking a hot bath, etc.) _____

I spend _____ hrs. per day doing these things.

Favorite authors: _____

Occupation: _____ Place of work: _____

I feel I am doing my life work: Yes _____ No _____

Many of my clients participate in a variety of holistic approaches. Which of these have you tried?

<u>Modality</u>	<u>With Whom?</u>
Acupuncture _____	_____
Chiropractic _____	_____
Cranio-sacral _____	_____
Herbalist _____	_____
Homeopath _____	_____
Massage Therapy _____	_____
Meditation classes _____	_____
Nutritionist _____	_____
Reiki _____	_____
Therapeutic or Healing Touch _____	_____
Yoga _____	_____
Other _____	_____

How often do you meditate?

Do you exercise? _____ What kinds? _____

How often? _____

Do you smoke? _____ If yes, at what age did you start? _____

How much alcohol do you consume? _____

Have you been psychotherapy before? _____ If yes, with whom? _____

Name and phone number of primary physician _____

Have you taken any medications in the past year? _____

If yes, please list medications: _____

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Are you currently living with a significant other? _____

Name: _____

Relationship: _____

Do you have children? _____

If yes, tell me about them: _____

Do you have a pet(s)? _____

Tell me about them: _____

Are your parents living? _____

Tell me about them: _____

What kind of social support system do you
have? _____

Significant stresses within the past year: _____

Why are you seeking help at this time?

Additional information you want me to know:

Who referred you to me?

Thank you for taking time to answer these questions.