

Darragh Wellness Center
CONFIDENTIAL INFORMATION FORM

Name _____ Date _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____ E-mail address _____

REFERRED BY _____

Occupation _____ Employer _____

Date of Birth: _____ Age _____ Sex: F/M Height: _____ Weight: _____

Marital Status: M S W D How many children? _____

Spouse/Partner's Name _____ Spouse/Partner's Date of Birth _____

Your overall health: (Circle One) Excellent / Good / Fair / Poor / Other: _____

Chief Complaints (reason you are here):

Previous Treatments for this complaint:

Current Medications/drugs you are taking:

Are you currently under the care of a physician or other health care professional? If yes, please give name and date of last visit:

Nutritional Supplements, Vitamins, or Herbs currently taking:

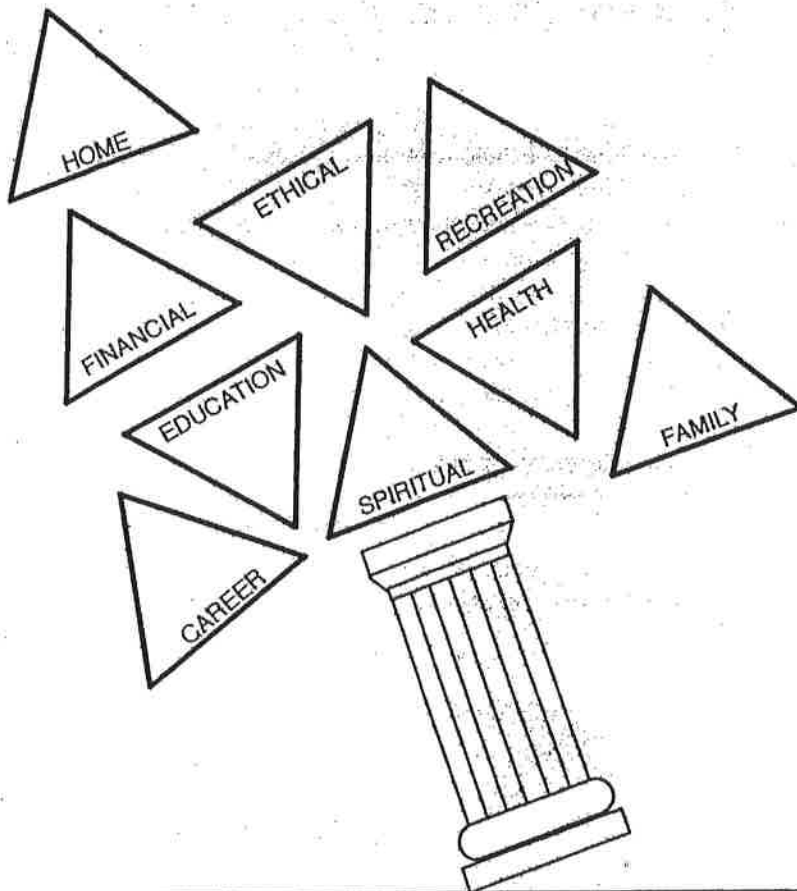
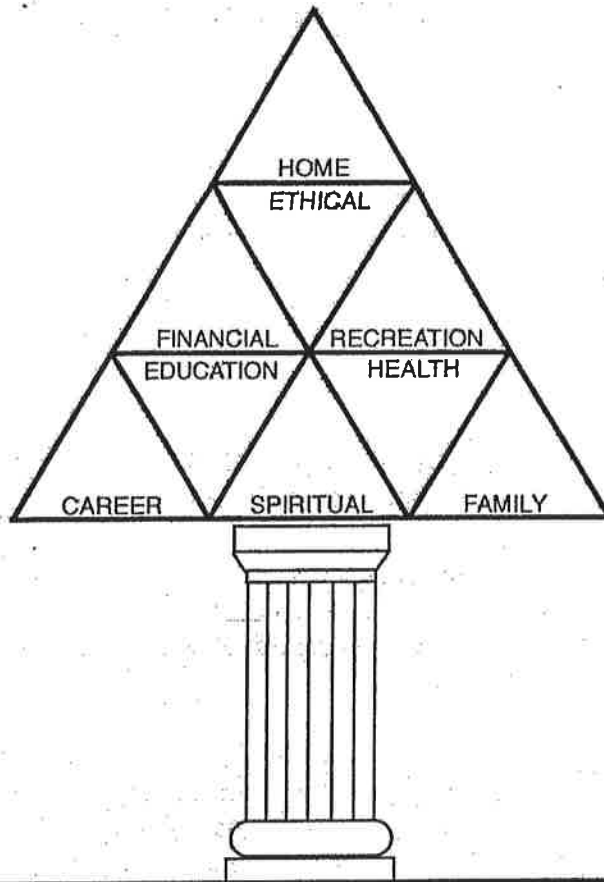
Do you smoke, drink alcohol or coffee? (If yes, indicate how much)

Cigarettes: _____ Coffee: _____ Alcohol: _____

How often do you have a bowel movement? _____

How much water do you drink per day? _____


1. What do you see as symptoms (physical complaints, things going wrong, not going right) which suggest to you a problem exists?
2. Who is being most burdened or hampered by these symptoms? Is anyone else being directly or indirectly impacted by these symptoms?
3. What underlying problem do you think is actually causing these symptoms?
4. If possible, state the problem mentioned above in a different way.
5. What have you done so far to solve the problem?
6. Have you consulted any other doctors regarding this problem? If so, who is (are) your doctor(s) and what is their specialty?
7. What exactly do you want as the ultimate result when this problem is resolved?
8. What is your ultimate long range desired circumstance?
9. When did this problem start?
10. Please list any new circumstances which were occurring at about the same time the problem started.
11. Has this or a similar problem occurred before? If so, please explain.




VISUALIZE

You very likely have ideals, desires, and non-negotiable values that you have adopted over the course of your life. These are uniquely dear to your heart. Start by writing a short description of what you can ideally visualize **HAVING** (within these values) for your life in your present top four categories of interest. If you have time, complete each of the nine areas. Do not mentally censor.


I VISUALIZE




I VISUALIZE




I VISUALIZE




I VISUALIZE



I VISUALIZE



I VISUALIZE




I VISUALIZE



I VISUALIZE




I VISUALIZE




ACTIONS

Keeping your Visualizations in mind, please write down *in the present tense* what you would see yourself doing in the way of highly purposeful actions in attaining your vision in your present top four categories of interest. Use powerful and descriptive words that have *feeling* — the more exciting to you, the better. Come from your heart!


I'm doing




I'm doing




I'm doing




I'm doing




I'm doing




I'm doing




I'm doing



I'm doing

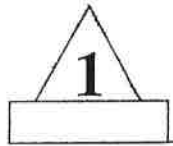


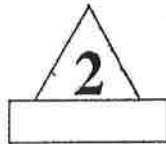
I'm doing




MY ATOMIC TOTEM POLE


1. From your VISUALIZE sheets, prioritize the categories of your life as it is **TODAY**, with #1 being the most important and #9 being the least important. Print these categories in the appropriate box
2. From your VISUALIZED ideals, write what you want in simple "I'm OK ..." atom-type PDs.
Example in the financial category of an atom-type PD: "*I'm OK with a large savings account.*"

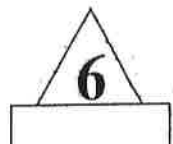
 a _____
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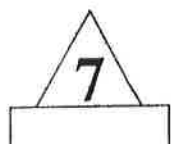
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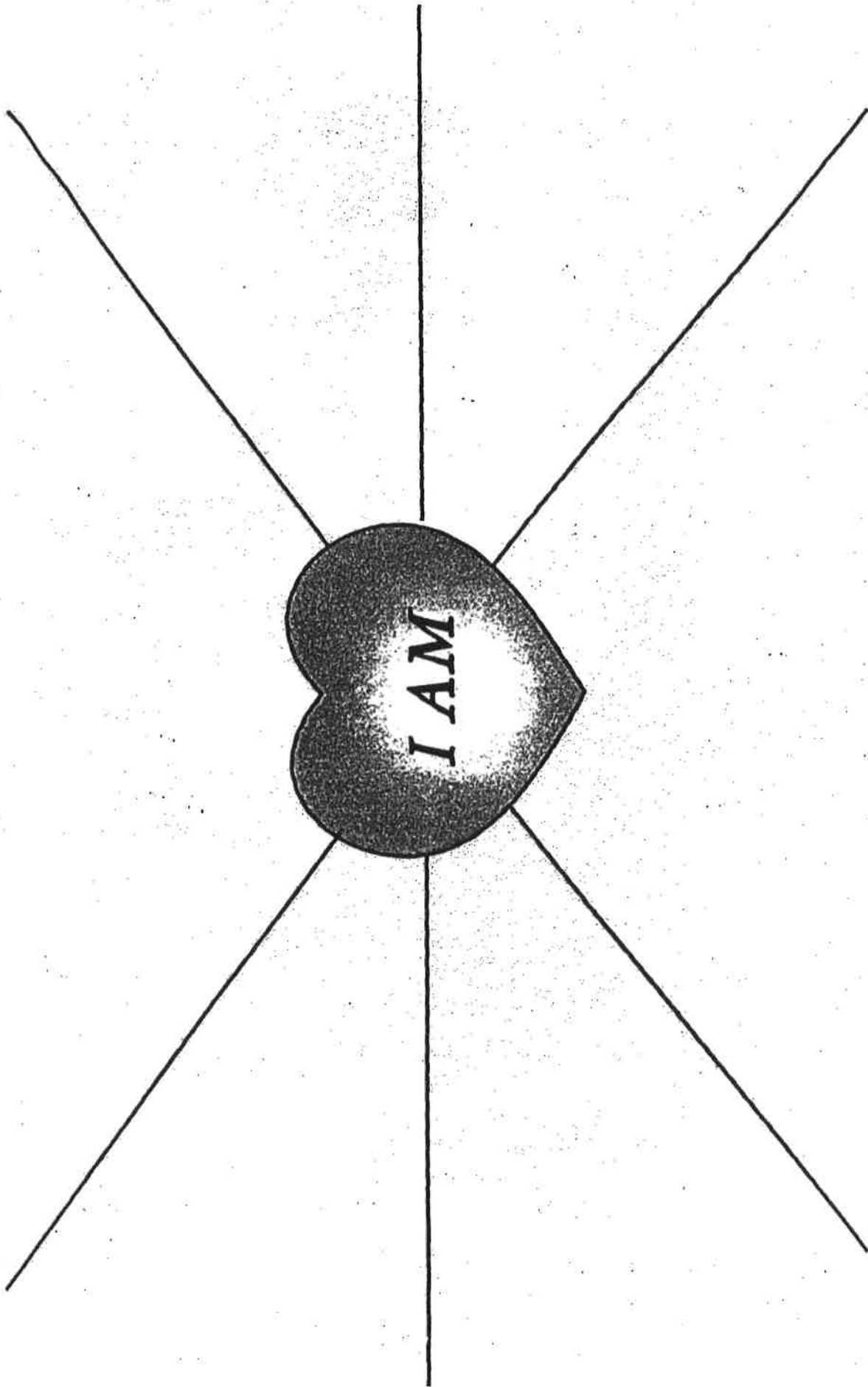
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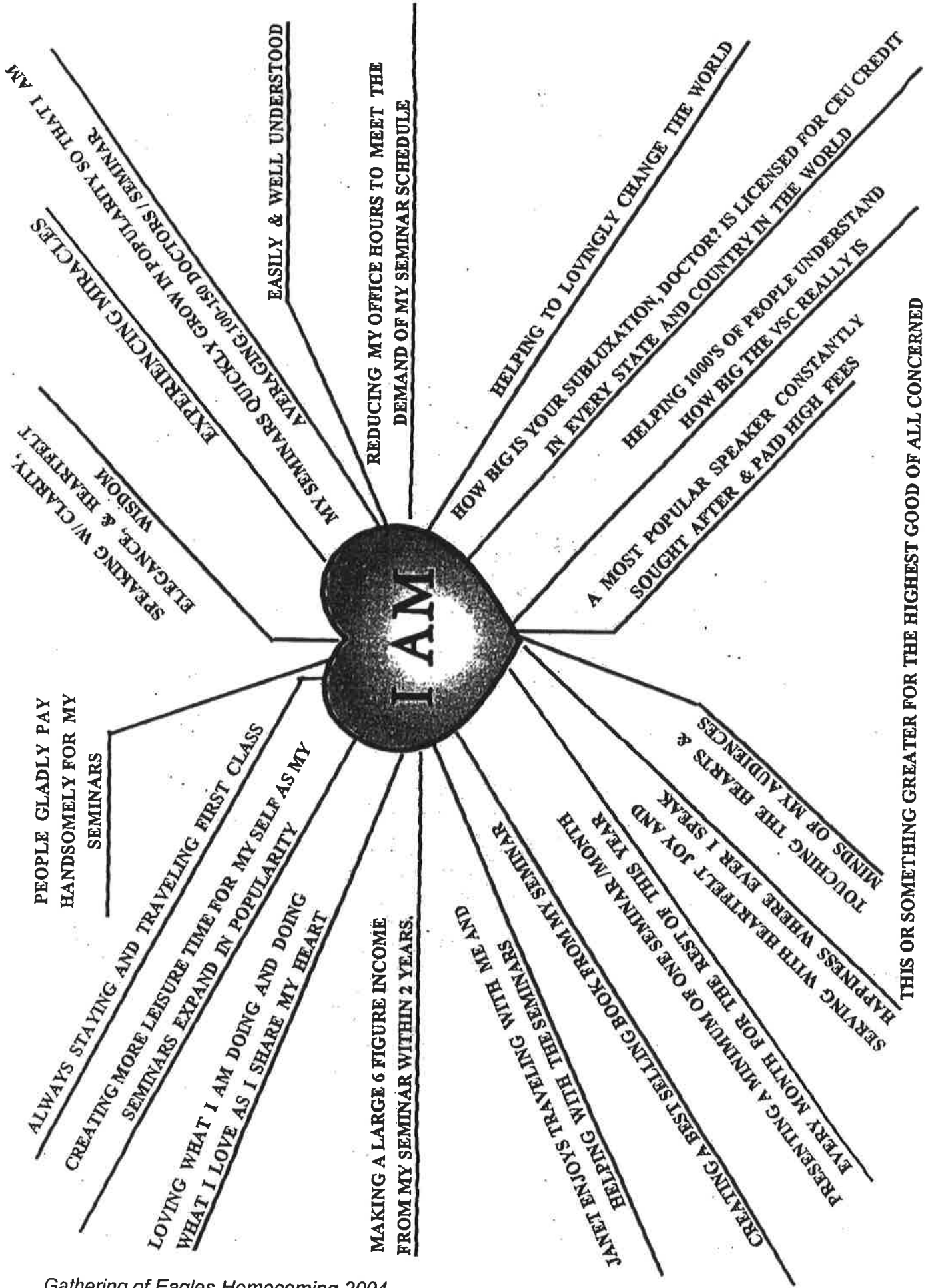
 a _____
b _____
c _____

MY PICTURE PERFECT FOR _____



THIS OR SOMETHING GREATER FOR THE HIGHEST GOOD OF ALL CONCERNED

MY PICTURE PERFECT FOR MY SPEAKING CAREER



THIS OR SOMETHING GREATER FOR THE HIGHEST GOOD OF ALL CONCERNED