



Ladybug Body-Mind Healing Leslie Gould-Barkman, MSW. LMT. CHT
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Client Intake Form

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email: _____ May I include you on my email list for updates, workshops, events and occasional newsletters? Yes No

Home Phone: _____ May I leave a message for you at this number? Yes No

Cell Phone: _____ May I leave a message for you at this number? Yes No

Work Phone: _____ May I leave a message for you at this number? Yes No

(Circle or check the preferred methods of contact)

Emergency contact information including name and phone numbers: _____

Where or from whom did you learn about Ladybug Body-Mind Healing:

What brings you to Ladybug Body-Mind Healing today and what do you hope to accomplish?

Medical conditions, surgeries, accidents, treatment and medications _____

Trauma

History _____

Prior experience with talk therapy, body-focused therapy, hypnotherapy, energy work or spiritual counseling _____