

CRISTAL MORTENSEN
AWARE ALIGNED AWAKE

808-265-0866 ~ awarealignedawake@gmail.com

All information shared here is strictly confidential and will not be shared unless you sign a release requesting that I share information with a specific provider/individual.

Name _____

_____ phone _____

Address _____

e-mail _____ occupation _____

Birth date _____ emergency contact _____

Pronoun/s preferred _____

Are you (please choose one) single/partnered/married/D/W

Who else lives in your household (including

pets)? _____

Do you have children? _____ If so, please list their age/s
here _____

How did you hear about Aware Aligned Awake? _____ What brought you
here? _____

How often would you like to
meet? _____

What time zone are you
in? _____

What are your days and windows of availability for
sessions? _____

What are your
symptoms? _____

If you could have any outcome/s from this work what would it/they be? _____

Are there any particular life events/traumas you want to address? _____

What are the current stressors in your life? _____ -

What helps you cope with these stressors? _____

Who are your most supportive relationships with? _____

What brings you the most ease, enjoyment or support these days? _____

Do you have a religious or spiritual practice (please describe)? _____

Do you have any medical conditions/diagnosis/injuries/discomfort (please describe)?

Are you currently under the care of a physician or any other provider/s (please specify)? _____

Are you currently taking any medications/supplements (please list them, including dosages, here)?

Please list any surgeries (including dental and childhood surgeries) here _____

Please list any accidents (including automobile accidents and childhood accidents/falls) here _____

Are you on a special diet? _____

How is your digestion/gut health (please describe)? _____

About how many hours of sleep do you get nightly? ____ How would you describe your sleep? _____

Do you smoke? _____ Alcohol consumption and frequency _____

Do you take any recreational/mind altering drugs (please specify type and frequency)? _____

Passions, interests & dreams _____

Please share any further relevant personal/family history or anything else you would like me to know here _____

I look forward to accompanying you on your healing journey.