Kent A. Tompkins, MA, LPC
Integrative Psychotherapy

Food, Wellness and lifestyle landscape:

Name: **DOB:** **Identifying as Gender Preference**

Diet: Breakfast has consistently been or typically is:
Lunch: typically:
Dinners: typically:
Snacks:
Physical symptoms (what is your body saying to you?)**:**

1. BP: / wt:
2. Exercise type: Frequency X per week

3. **Sleep:** average hrs per night:
4. **Stress: level:** L M H Explain:

Other Therapy (massage, chiropractic, naturopathic, acupuncture, previous psychotherapy, etc):
1.
2.
Medications:
1.
2.
3.
4. **Supplements** (if applicable)**:**

Relationship Status: married, committed partner, lover, n/a at this time:

What do you think is going on?

What scares you?

What comforts you?

How open are you to exploring yourself top to bottom?

Narrative (how do you learn? what would you like for me to know about you?):

What would you like to know about me, if anything?

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