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Course # 4805-629 September 16-21, 2018
Omega Institute: Rhinebeck, NY

THE METAMORPHIS LAB:
A HERO'S JOURNEY TO HEALTH CLIENT INTAKE

NAME:

BIRTHDATE:

OCCUPATION: *Describe your occupation and what you like/dislike about it.*

FAMILY: *Describe your your family, including relationships, patterns & issues.*

INTENTION: *What would you like to get from this work?*

CURRENT MIND-BODY STATUS:

What would you identify as your key issues?

What are your unrealized wishes and fantasies?

What do you consider the chronic conflicts of your life?

What role do spirituality or religion play in your life?

What ideas, situations, people, and elements of life and of your nature do you reject or have difficulty accepting?

What issues do you have with control?

Describe your relationship with your power and aggression.

Describe your relationship to others' power and aggression.

What is your relationship to being and doing?

What do you hold onto and what do you surrender?

How does your sexuality manifest?

Describe the interplay between your head and heart.

Do you feel you're living fully or half-heartedly?

What are your chronic fears?

How do you relate to the darkness within you and within the world?

What symptoms, illnesses or issues are impacting your life?

What are your underlying beliefs about illness? Why do you get ill?

What are your symptoms—large and small—stopping you from doing?

What do your symptoms force you to do?

Identify any parts of your body that you have difficulty accepting.

What is your diet and your relationship to food?

Describe your pattern of exercise and any practices you have, from meditation to journaling to running to weightlifting.

MEDICAL HISTORY: *If you've experienced the following, please indicate it, along with frequency and severity, and note anything that may have been happening in your life when it began.*

Accidents, in the car or in the home

Alcohol or drug use

Allergies

Arthritis or other joint issues: pain, swelling, stiffness

Asthma or lung issues

Back pain

Blood disorders

Bone diseases, including osteoporosis

Broken bones

Cancer

Changes in vision or eye-related symptoms

Chemical sensitivities

Chronic diseases

Chronic fatigue

Congenital conditions

Dental issues

Diabetes

Epilepsy or other seizures

Frequent colds or flu

Frequent headaches

Gall bladder-problems

Gastrointestinal symptoms, including diarrhea, constipation, colon problems

Gynecological issues

Headaches, including migraines

Hearing issues

Heart problems

High blood pressure

High cholesterol

HIV/AIDS

Inflammation

Insomnia

Low blood pressure

Lymphadema

Menopausal symptoms

Neurological dysfunction

Obstetrical challenges

Organ difficulties—Kidney, liver, gall bladder, pancreas

Pre-menstrual syndrome (PMS)

Rashes, eczema and other skin disorders

Stomach issues

Stroke

Surgeries

Thyroid complaints

Ulcers

Vision problems, including near-sightedness, far-sightedness, glaucoma

Weight issues, including anorexia and bulimia

Wounds

Other

What physical patterns, minor and major, did you experience as a child?

What physical milestones did you experience as a young adult or in middle age?