



**Holistic Transitions**  
for our Nation's heroes.

**HOLISTIC TRANSITIONS INTAKE FORM**

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>City and State:</b>	
<b>Branch of Service and MOS:</b>	
<b>Assistance you are seeking:</b>	
<b>What would you like to accomplish from this experience?</b>	
<b>Tell us a few things about you, your family, or favorites?</b>	

*Please acknowledge that you understand this is a peer support effort and by no means intended to diagnose, treat, cure, or prevent any disease. Our advice and guidance are not alternatives or intended to replace medical care. Our efforts are to educate and provide information and support.*

*We may, without prior notice, change the services; stop providing the services or any features of the services we offer; or create limits for the services. We may permanently or temporarily terminate or suspend access to the services without notice and liability for any reason, or for no reason.*

*Holistic transitions cannot and does not provide health advice. The health information is provided for general information, peer support and educational purposes only and is not a substitute for professional health advice. Accordingly, before taking any actions based upon such information, we encourage you to consult with the appropriate medical and healthcare professional. The use or reliance of any information is solely at your own risk.*

<b>Printed Name:</b>	
<b>Signature:</b>	
<b>Today's Date:</b>	

**Holistic Transitions Inc.**  
**Saint Augustine Beach, Florida**  
**[www.holistictransitions.org](http://www.holistictransitions.org)**

