

Name:		Date:	
Address:		Birth Date:	Age:
City:		State:	Zip:
Phone, including area code: Daytime:		Evening:	
E-mail Address:			
Employer:		Type of Work:	
How did you hear about me?			
Reasons for Seeking BodyTalk:			
Desired Results from BodyTalk:			
Hobbies:			

Presenting Issues or Concerns

On a scale of 0 to 10, **0** being **none** and **10** being **severe**, please rate the following conditions based on the **last 7 days** and give the frequency of when you experience this and the location if necessary:

Condition	Score	Frequency	Location	Condition	Score	Frequency	Location
Acne				Infections			
Allergies, Environmental				Insomnia			
Allergies, Food				Itchy/Watery Eyes			
Angry Outbursts				Joint Pain			
Anxiety				Learning Difficulties			
Arthritis				Muscle Pain			
Asthma				Nasal Symptoms			
Bed Wetting				Nausea			
Cancer				Nervousness			
Constipation				Pain			
Depression				Panic			
Diabetes				Rashes			
Diarrhea				Rheumatoid Probs			
Digestive Problems				Shortness of Breath			
Dizziness/Vertigo				Sneezing			
Dryness				Stomach upset			
Fatigue				Stress			
Headache				Stroke			
Hearing Problems				Swelling			
Heart Arrhythmia's				Thyroid Problems			
Heart Condition				Vision Problems			
Heartburn				Vomiting			
High Blood Pressure				Other			

Current Medications, and reason for taking them:

Current Supplements:

Amount of Alcohol you consume in a week:

Number of Cigarettes you smoke in a week:

Amount of water you drink each day (how many 8 oz. glasses, or how many quarts?):

Amount of coffee, tea, or caffeine drinks you drink in a day:

Have you had any fractures? What/When?

Have you had any surgeries? What/When?

Please write anything else you would like me to know about you:

I, _____ (print name), understand that the BodyTalk session provided by Bel Neibel, BodyTalk Practitioner, is intended to enhance relaxation, increase communication within areas of the body and the mind, and support overall wellness.

I understand that the BodyTalk System is not a substitute for medical treatment. I am aware that the BodyTalk Practitioner does not medically diagnose illness or disease, prescribe medications, or manipulate soft tissue.

I understand that participation in a BodyTalk session is voluntary and that I may choose to end my participation at any time. Furthermore, I understand that BodyTalk entails light tapping and touching of energy points on the body. The BodyTalk Practitioner will inform me where tapping and/or touching by the Practitioner and/or myself will occur, thus allowing for my ongoing consent.

I understand that information exchanged during any session is educational in nature and that any information imparted is confidential and will not be released without my prior written consent, except as required by law.

I understand that by providing this informed consent I am assuming full responsibility for my BodyTalk session and I hold harmless the BodyTalk Practitioner. I understand that payment is due at the time of service.

Time has been especially reserved for me, and I understand that a 24-hour cancellation notice is expected. If I have any questions or concerns, I will address these promptly with the BodyTalk Practitioner. I hereby authorize Bel Neible to provide me with BodyTalk sessions.

SIGNATURE

DATE

If you plan on receiving BodyTalk sessions from both Bel Neibel and Tone-Lise Stenslie, please initial below so you only need to fill out one intake form:

_____ Yes, I give permission to Bel Neibel or Tone-Lise Stenslie to share my BodyTalk Client Information with each other.