

**InJoy BodyTalk**

Tone-Lise Stenslie,  
Adv BodyTalk Practitioner  
injoybodytalk@gmail.com

**Client Intake Form**

Evergreen Natural Health Center  
1033 Basin Ave, Suite A  
Bismarck, ND 58504  
(701) 989-0268

Name:		Date:	
Address:		Birth Date:	Age:
City:		State:	Zip:
Phone, including area code:	Daytime: (      )	Evening: (      )	

E-mail Address:

Please share what you'd like me to know:

Have you ever experienced any of the following?

BodyTalk \_\_\_\_\_ Reconnective Healing \_\_\_\_\_ Reiki \_\_\_\_\_ Access Consciousness/Bars \_\_\_\_\_

Are you interested in receiving a monthly newsletter by email? [ ] Yes [ ] No

If Yes, please provide the email address if different from above:

**InJoy BodyTalk**

Tone-Lise Stenslie,  
Adv BodyTalk Practitioner  
injoybodytalk@gmail.com

**Client Consent**

Evergreen Natural Health Center  
1033 Basin Ave, Suite A  
Bismarck, ND 58504  
(701) 989-0268

I, \_\_\_\_\_ (print your name), hereby authorize the practitioner Tone-Lise Stenslie to provide me with sessions.

Please check the categories that apply. This consent includes:

- BodyTalk \_\_\_\_\_
- Reconnective Healing \_\_\_\_\_
- Access Consciousness \_\_\_\_\_
- Reiki \_\_\_\_\_

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

I understand that my appointment time has been reserved for me and that if I need to cancel, 24-hour notice is expected.

*(If you are returning this form through your personally identifiable e-mail account, you may type your name below. Otherwise, please sign.)*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE