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| **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](tel:(701)%20989-0268) | |
| 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: | | | | | | | |

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| **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](tel:(701)%20989-0268) |
| 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 | | |