

**InJoy BodyTalk**

Tone-Lise Stenslie,  
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**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: (     )	

Email Address:

Occupation:

How did you hear about InJoy BodyTalk?

Have you ever experienced BodyTalk before?     Yes     No

Please share what you'd like me to know for your session:

Are you interested in receiving a monthly newsletter by email?     Yes     No  
If Yes, please provide the email address if different from above:

I, \_\_\_\_\_, hereby authorize the practitioner Tone-Lise  
*(print your name)*

Stenslie to provide me with sessions.

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