

InJoy BodyTalk

Tone-Lise Stenslie,
Adv BodyTalk Practitioner
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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: ()
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E-mail Address:

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:

Client Consent

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