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| **InJoy BodyTalk**Tone-Lise Stenslie,Adv BodyTalk Practitioner**injoybodytalk@gmail.com** | **Client Intake Form** | Evergreen Natural Health Center1033 Basin Ave, Suite ABismarck, 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 [ ] NoIf 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 Center1033 Basin Ave, Suite ABismarck, ND 58504(701) 989-0268 |
| 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 |