

InJoy BodyTalk

Tone-Lise Stenslie,
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Client Intake Form**701-258-9418**

Dakota Natural Health Center
 705 East Main Avenue
 Bismarck, ND 58501

| | | | |
|--------------------------------------|--|---------------|----------|
| Name: | | Date: | |
| Address: | | Birth Date: | Age: |
| City: | | State: | Zip: |
| Phone, including area code: Daytime: | | | Evening: |
| E-mail Address: | | | |
| Employer: | | Type of Work: | |
| How did you hear about me? | | | |
| Reasons for Seeking BodyTalk: | | | |
| Hobbies: | | | |

Presenting Issues or Concerns

On a scale of 0 to 10, **0** being **none** and **10** being **severe**, please rate the following conditions based on the **last 3 months** and give the frequency of when you experience this and the location if necessary:

| Condition | Score | Frequency | Location | Condition | Score | Frequency | Location |
|--------------------------|-------|-----------|----------|-----------------------|-------|-----------|----------|
| Acne | | | | Infections | | | |
| Allergies, Environmental | | | | Insomnia | | | |
| Allergies, Food | | | | Itchy/Watery Eyes | | | |
| Angry Outbursts | | | | Joint Pain | | | |
| Anxiety | | | | Low Libido | | | |
| Arthritis | | | | Learning Difficulties | | | |
| Asthma | | | | Muscle Pain | | | |
| Bed Wetting | | | | Nasal Symptoms | | | |
| Cancer | | | | Nausea | | | |
| Constipation | | | | Nervousness | | | |
| Depression | | | | Pain | | | |
| Diabetes | | | | Panic | | | |
| Diarrhea | | | | Rashes | | | |
| Digestive Problems | | | | Rheumatoid Probs | | | |
| Dizziness/Vertigo | | | | Shortness of Breath | | | |
| Dryness | | | | Sneezing | | | |
| Fatigue | | | | Stomach upset | | | |
| Headache | | | | Stress | | | |
| Hearing Problems | | | | Stroke | | | |
| Heart Arrhythmia's | | | | Swelling | | | |
| Heart Condition | | | | Thyroid Problems | | | |
| Heartburn | | | | Vision Problems | | | |
| High Blood Pressure | | | | Vomiting | | | |
| | | | | Other | | | |

Current Medications, and reason for taking them:

Current Supplements:

Amount of Alcohol you consume in a week:

Number of Cigarettes you smoke in a week:

Amount of water you drink each day (how many 8 oz. glasses, or how many quarts?):

Amount of coffee, tea, or caffeine drinks you drink in a day:

Have you had any fractures? What/When?

Have you had any surgeries? What/When?

How much time are you in front of a screen each day? This includes TV, iPad, and all versions of mobile phones.

Are you interested in receiving a monthly newsletter by email? Yes No
Includes wholistic health tips, special offers, and more
If Yes, please provide the email address you'd like me to use:

Please write whatever else you would like me to know

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I, _____ (print name), understand that the BodyTalk session provided by Tone-Lise Stenslie, Certified BodyTalk Practitioner, is intended to restore balance, enhance clarity and communication within the body- mind, and support overall wellness.

I understand that the BodyTalk System is not a substitute for medical treatment. I am aware that the BodyTalk Practitioner does not medically diagnose, prescribe medications, or manipulate soft tissue.

I understand that BodyTalk entails light tapping and touching of energy points on the body. The BodyTalk Practitioner will inform me where tapping and/or touching by the Practitioner and/or myself will occur, thus allowing for my ongoing consent.

I understand that information exchanged during any session is educational in nature and that any information imparted is confidential and will not be released without my prior written consent, except as required by law.

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

Time has been especially reserved for me, and I understand that a 24-hour cancellation notice is expected. If I have any questions or concerns, I will address these promptly with the BodyTalk Practitioner. I hereby authorize Tone-Lise Stenslie to provide me with BodyTalk sessions.

(If returning this form by e-mail, you may type your name if this document is returned through a personally identifiable e-mail account.)

SIGNATURE_____
DATE