

**InJoy BodyTalk**

Tone-Lise Stenslie,  
 CBP, ParamaBP, CN  
 injoybodytalk@gmail.com

**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:
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