



Intake Form for Awaken to Bodywork

**All information is confidential and required to ensure safe treatment for bodywork*

Name:

Phone number:

Date of Birth:

Referred by:

Email Address:

Street Address:

City:

State:

Zip:

Emergency Contact:

Phone number:

Are you or could you be pregnant? Yes/ No

Other injuries, surgeries, medications, heart conditions, arrhythmia, arterial issues or other conditions that may affect your treatment by bodywork? Yes/ No

If yes, make a brief statement here:

Have you had any of these accidents/ symptoms?

- *Headaches/ Migraines*
- *Serious Falls*
- *Car Accidents*
- *Heart, Lung, Stomach or Intestinal problems*
- *Jaw/ TMJ problems*
- *Injury or problems with your Nervous System (brain/ spinal cord)*

Cancellation Policy

Unless you get sick, cancellation must be given 48 hours in advance or your session must be paid in full. Please initial:

Consent

I hereby consent to receive treatment from Shana Walt for the purpose of relief from muscular tension. I understand that I am solely responsible to be of sound mind and body to receive treatment without experiencing injury, be it physical, emotional or economic loss, or any other injury. I understand and voluntarily accept any risk associated with treatment and the use of Shana Walt's facilities, and hereby release her from any liability. I agree to communicate with Shana any medical condition that may be present or a contraindication for treatment, today and on all subsequent visits. I understand that Shana Walt, as a bodywork practitioner does not diagnose, provide prognosis, or prescribe, and that our session should not be construed as a substitute for medical examination, diagnosis, or treatment.

Client Signature:

Date:

Shana Walt

www.awaken2bodywork.com

awaken2bodywork@gmail.com

415-320-5368