

Awaken to Bodywork
Shana Walt
awaken2bodywork.com
415-320-5368

Intake form/ Client information

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

Name (please print) _____ Phone _____

Date of birth _____ Referred by _____

Email Address _____

Street Address _____

City _____ State _____ Zip _____

Emergency contact _____ Phone _____

Are you, or could you be pregnant? YES / NO

Other injuries, surgeries, medication, heart conditions, arrhythmia, arterial issues
or other conditions that may affect your treatment by bodywork? YES / NO

If yes, make a brief mention here: _____

Please circle if you have any of these symptoms:

*Headaches / Migraines *Serious falls *Car accident *Poor sleep / Insomnia

*Heart, lung, stomach, or intestinal problems * Problems with Nervous system (brain /
spinal chord) *Jaw / TMJ problems

Birth history and interventions, please circle:

*Home birth *Hospital birth *Cesarian *Forceps *Vaccum extraction *NICU *Siblings, if so
how many? _____

CANCELATION POLICY

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

CONSENT

I hereby consent to receive treatment from Shana Walt for the purpose of muscular tension. I understand that I am solely responsible to be of sound minded body to receive treatment without experiencing injury, be it physical, emotional, economic loss, or any other injury. I understand and voluntarily accept any risks associated with treatment and the use of Shana Walt's facilities, and hereby release her from all liability. I agree to communicate with Shana any medical condition that may present 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: _____