



## New Client Intake

Name \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Pronoun (he/she/they/etc.) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Add to monthly e-newsletter? \_\_\_\_\_ Referred by \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

What results do you want from your session?

What are your pressing issues?

Past history you want me to know?

Anything else you want to share?

It is my choice to receive healing bodywork. I realize that the treatment is given for the well-being of body and mind. This includes stress reduction, body awareness, and release of traumatic energy.

**I agree to communicate with Sonia any time I experience discomfort or concern regarding the session.**

I will give **24 hours notice** for any appointment changes, or pay the required fee.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_