



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 _____