

Client Intake Form

Christina Parkhurst, CHP, SMSS, Serving Active Families since 1998.
www.thebodyorganica.com 250-472-1040

Full Name: _____ Date: _____

DOB: _____ (Please use this written format: July 20th, 68)

Address: _____ City: _____ Prov: _____

PC: _____ Phone#: _____ Cell: _____

Email: _____ Yes, please notify me of specials: _____

Occupation: _____ If retired what did you do? _____

Emergency Contact: _____ Phone #: _____

Relationship: _____ Marital Status: _____ Children: _____

Physician: _____ Phone#: _____

Health Conditions: _____

Current Medications: _____

Allergies: _____

Injuries/Accidents/Surgeries/When:

What is your Biggest Concern/Stress Right Now (physical & emotional):

I agree to give at least 24 hours notice by phone to cancel my session or agree to pay full session fees promptly. Email cancellation accepted only if confirmed as received. Bodywork packages are: transferrable and non-refundable; are tallied by # hours not sessions; expire within one year of purchase unless otherwise stated.

I agree to start and end my sessions on time or be charged standard rates either by using my package hours or by cash or cheque. Taxes apply to all sessions. Sessions are strictly non-sexual. Any misconduct will result in termination of session without refund.

I am in charge of my session and agree to work together with my practitioner in my healing process. I let my practitioner know of any unusual discomfort or pain immediately.

Client Signature: _____ Date: _____