



BodyTalk Healing Center
 2942 N 24th Street, Suite 106
 Phoenix, AZ 85016
 (602) 238-5093
 www.bodytalkhealingcenter.com

The BodyTalk System Intake Form

Confidential Client Information

Client Information:

Name _____	DOB _____
Parent Name _____	Age _____
Home Phone _____	Occupation _____
Cell Phone _____	Gender: Male Female Other
Work Phone _____	Referred by _____
Address _____	
City, State, Zip _____	
e-mail _____	

Emergency Contact:

Name _____	Home Phone _____
Relationship _____	Cell phone _____
	Work phone _____

General Overview:

What are your main goals for BodyTalk? What do you want to achieve?

Surgeries, accidents and/or significant trauma (including emotional):

Illnesses; current herb(s) and medications:

Other health care professionals you are seeing, and for what conditions:

Circle the following feelings you have experienced in the last few months:

- Criticized Overworked Paralyzed Depressed Abused Rejected Despair Hopeless
 Paranoid Overwhelmed Muddled Persecuted Sad Easily irritated Unable to grieve Anxious
 Worried Grief Apprehensive Agitated Aggravated Distressed Fearful Impatient
 Intimidated Restless Panic Intolerant Uncertain Uneasy Annoyed Angry Outraged
 Nervous Guilty Jealous Resentful Unhappy Numb Lost Cut off

Other: _____

"BodyTalk's 'effectiveness' can range anywhere from increased relaxation to disappearance of a disease. It will always vary with each unique client in every circumstance."

Informed consent

- I understand it is my responsibility to care for my health and well-being, and have sought out The BodyTalk System for Healing.
- I know that the BodyTalk practitioner is not a medically licensed doctor and will not diagnose, treat, or prescribe for illness, injury, disease or other pathological condition, or perform any act which constitutes the practice of medicine.
- I understand that participation in the BodyTalk session is voluntary and that at all times I may choose to end my participation. In addition, BodyTalk entails tapping and touching of energy points on the body. The practitioner will inform me where tapping and/or touching (by the practitioner and/or myself) will occur, thus allowing for my ongoing consent. Should I experience any discomfort or pain during any part of the session, I will immediately tell the practitioner.
- I understand I may experience so-called "detoxification symptoms" or releases during the 24-72 hours following the BodyTalk session and that these may be somewhat uncomfortable, particularly if I have been experiencing chronic or heightened levels of stress.
- I understand that the BodyTalk session is intended to enhance relaxation, increase communication within areas of the body, and to educate me to possible energetic or emotional blocks that may create pain and disease.
- I acknowledge that The BodyTalk System is a non-invasive, safe, and healthy technique.
- I understand that The BodyTalk System is not a substitute for medical treatment or medications.
- I understand that information exchanged during any session is educational in nature and is intended to help me become familiar with and conscious of my own health status and is to be used at my own discretion.
- I understand that although I may seek information and advice from the BodyTalk practitioner, my health and well being, or that of my child, is my own responsibility. It is my responsibility to consult my primary care provider or seek out other medical help when needed.
- I understand that any information imparted during these sessions is strictly confidential in nature and will not be shared with anyone without my verbal or written permission.
- I have carefully considered all the materials and information given to me.
- To honor my healing process, the BodyTalk practitioner, and other BodyTalk clients, I understand there is a 72 hour cancellation policy.

By my signature below, I hereby authorize myself, my child or dependent to participate in BodyTalk sessions.

Signature: _____ Date: _____