

Align	Nourish		Hydrate	Restore		
	Client Intake – Please	e complete	details on first page an	d sign.		
Name		•••••••••••••	Date			
Date of Birth		Мс	bile:			
Address		•••••••••••••				
Email:		•••••				
Occupation:.		•••••				
Recreation/sp	oort:					
Relevant information/ history of condition:						
	(Yes or No) and provide					
Recent illne	ess or operation	Y or N	Fractures Dislocations	Y or		

		Therefores Disidealions	
	•••••		
High blood pressure	Y or N	Low blood pressure	Y or N
Implants	Y or N	Replacements	Y or N
where?			
Pregnancy	Y or N	Reconstructions	Y or N

NL

## Emergency Contact: (name & ph: no:) .....

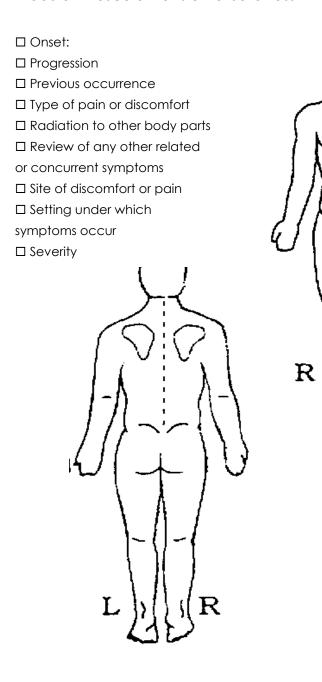
I declare the above information to be **true and correct** and indemnify Blue Sky Healing of any liability for any false or misleading information given. It is understood and accepted that the session provided by Blue Sky Healing is of a **therapeutic nature** and **not diagnostic** and does not offer a curative approach and **results are not guaranteed** in any way. All information gathered regarding clients will remain the property of Blue Sky Healing and will be remain **confidentially secured**. Information may be used for **notification of events and services** as deemed appropriate. I agree that **payment for services** be made at the time of service to be made by cash, credit card or bank transfer. I agree to provide **24 hours' notice of cancellation**. I hereby accept a **Bowen Therapy treatment** from Jenny Fitzgerald.

Signed:.....Date:.....



Presenting conditions: To be completed by Jenny on first visit:

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Areas of muscular tension & soreness	 ••••••••••••••••





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