

BODY PROCESS INFORMATION FORM



Client Name: _____ Date: _____

Phone# _____

Email: _____

Address: _____

Are you sensitive to a light touch from me to perform a Body Process session? Yes or No

Reason for Visit: (please mention all the apply)

Physical: _____

Emotional: _____

Mental/Spiritual: _____

How did you hear about Synergy Sensations? _____

Have you been able to look at the web site for Synergy Sensations? www.synergysensations.com Yes or No

Have you ever had a Body Process session before? Yes or No If yes, how many total _____

Client fully understands that performing a Body Process is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that a Body Process practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that a Body Process does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that the body has the ability to heal itself and to do so. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation and clearings needed by the body to heal itself.

Client Signature: _____ Date: _____

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client if under 18.

Information during session: _____

