

Tejase Bodyworks
Christina Page LMT, RYT
(540) 535-6188
xrispage@yahoo.com



Client Intake Form

Name: _____ D.O.B. _____ Profession _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Hm: _____ Cell: _____ Work: _____

E-mail: _____ Referred By: _____

Would you like to receive newsletters or promotional emails? (Please check) Yes No

Emergency Contact Name & Phone _____

What exercise programs or sports do you participate in? _____

Do you have any special conditions or concerns I should be aware of so that modifications may be made if necessary? (Pregnancy, joint replacements, injuries, pain or disease)

What do you hope to receive from yoga and/or bodywork? _____

Yoga and bodywork help to bring you into optimal alignment, allowing for greater freedom and ease in the body and mind. Sessions may include: Stretching and strengthening postures, hands on assists, manipulation of soft tissues, breathing techniques and awareness exercises.

By signing below I consent to receiving bodywork and/or participating in yoga. I agree to keep my therapist aware of any injuries, medical conditions or limitations so modifications can be made as needed for my comfort and safety. I will inform my therapist if I am experiencing any pain or discomfort. I understand it is my responsibility to participate within my own limitations and boundaries.

I further understand that bodywork and yoga are complementary practices and are not to be construed as a substitute for medical examination, diagnosis, or treatment, and that I should seek a physician or other qualified medical specialist for physical or mental ailments I may be experiencing.

Signature: _____ Date: _____