JEANNE MARIE AUGER, Holistic Health Practitioner
(Massage Therapy, Bodywork, Craniosacral therapy, Energy Healing)
BCTMB # 606438-11 | CAMTC # 13064

INTAKE FORM

Last Name: **First Name:**
Address: **City:**
State: **Zip Code:**
Phone – home: **cell:** **E-mail:**
Occupation: **Referred by:**
Date of Birth:
How can I help you?

Have you ever had any accidents / injuries / fall? No /Yes - please describe:

Have you ever had any operation? No /Yes - please describe:

Do you have any health issues? No /Yes - please list:

Are you taking any medications? No /Yes - please list:

Are you experiencing any pain? No /Yes - please describe:

Are you experiencing any numbness? No /Yes - please describe:

Are you experiencing any stiffness? No /Yes - please describe:

Are you experiencing any stress? No /Yes - please describe:

Do you have any allergies? No /Yes - please list:

Comments:

- *I have provided all related medical information. I understand that the purpose of this session is for wellness and relaxation only. I understand that holistic health practitioners will not provide medical diagnosis.*
- *I agree to give a minimum of 24-hour notice if I need to cancel my appointment. If I do not fulfill that I agreement, I agree for pay for the cost of the session.*

Signature: **Date:**