

Tejase Bodyworks
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Client Intake Form

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

Gender: _____ Ethnicity _____ Height _____ Weight _____

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

Phone Hm: _____ Cell: _____ Work: _____

E-mail: _____ Referred By: _____

Would you like to receive emails of upcoming events / newsletters? Yes No

Emergency Contact Name & Phone _____

What exercise programs, sports, or hobbies do you participate in?

Do you have any special conditions or concerns I should be aware of? (Pregnancy, joint replacements, injuries, pain or disease)

What are your primary reasons or goals for seeking yoga and/or bodywork?

Yoga and bodywork 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 yoga and bodywork are not to be construed as a substitute for medical examination, diagnosis, or treatment.

Signature: _____ Date: _____