



James Knight, E-RYT, CHSE – Integrative Therapist
Client Intake Form for **CLINICAL HANNA SOMATIC SESSIONS**
Please print clearly

Date: _____

Name: _____

Phone Number: _____

Email Address: _____

Home Address:

Name and phone number of the person whom I should contact in case of an emergency:

Did someone refer you? If so, whom?

Have you had any recent or past injuries? Surgeries? Please give a brief description:



James Knight, E-RYT, CHSE
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What other types of therapy have you tried for your conditions listed?

Are you in pain right now? Where on your body? On a scale of one to ten, ten being the most pain what are you right now?

Do you get headaches or migraines? Do you have one now? If not now, how often do you get them on average?

What would you like to accomplish in this visit?

Please let me know how to make you comfortable during our session together. This includes: temperature of the room, selection of music, and level of conversation during our session (i.e. silent or minimal). If you experience any pain or discomfort during this session please inform James so that he can adjust the session to meet your level of comfort.

_____ (Initial Here)

Cancellation Policy: all cancellations must be made at least 24 hours in advance; otherwise full payment for session may be required. _____ (Initial here)



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By signing below you understand that James is not qualified to diagnose, prescribe, or treat any physical or mental illness. Please affirm that you have stated all of your known medical conditions and agree to update James if things should change. There shall be no liability on James if you should fail to provide him with any other information or feedback.

Print your name: _____

Signed: _____ Dated: _____

Enjoy your session!



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