

# Balance & Bliss<sup>TM</sup> Inc.

Ayurveda • Yoga • Massage

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## Client Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (fax) \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Significant Other \_\_\_\_\_ Divorced \_\_\_\_\_

Referred By \_\_\_\_\_ Primary Caregiver \_\_\_\_\_

Contact In Case of Emergency:

Name & Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Matters of Concern to be addressed and How Long they have bothered you

1. \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

I have disclosed any information that may affect the service that I will receive at Balance & Bliss, Inc. I agree to waive, release, and to hold blameless the practitioner, therapist and sponsor of this service for any claim arising out of an injury or for any costs related to injury arising from participation in this service.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*