

# Ninaya's Healing Journeys Intake Form

Aquatic Bodywork / Pre & Post Natal Fitness / Massage / Yoga / Cleansing / Nutrition

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

In case of an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Ninaya's services? \_\_\_\_\_

Add to Email list for seasonal newsletter, recipes and special events invitations?

Yes \_\_\_\_ No \_\_\_\_

Email: \_\_\_\_\_

Profession: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Married: Yes \_\_\_\_ No \_\_\_\_ Divorced \_\_\_\_

Children: Yes/How many? \_\_\_\_ No \_\_\_\_ Pregnant? \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Weight: \_\_\_\_ Desired

Weight? \_\_\_\_\_

Regular Fitness Activities?: \_\_\_\_\_

Regular Wellness Treatments? \_\_\_\_\_

Are you under a Doctors' care? No \_\_\_\_ Yes \_\_\_\_

Doctor's name: \_\_\_\_\_

If yes, please explain:

# Ninaya offers Private Sessions, Classes and Educational Special Events

Have you ever experienced a Watsu (Water Massage), Yoga, Therapeutic Movement &/or Massage?

Yes  No If yes, what kind of session? \_\_\_\_\_

When, and with who, was your last session? \_\_\_\_\_

PLEASE CHECK ANY SYMPTOMS BELOW THAT APPLY TO YOU:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Frequent Stress          | <input type="checkbox"/> Motion Sickness      | <input type="checkbox"/> Frequent Headaches  |
| <input type="checkbox"/> Arthritis                | <input type="checkbox"/> Numbness             | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Joint Swelling      |
| <input type="checkbox"/> Varicose Veins           | <input type="checkbox"/> Stabbing Pain        | <input type="checkbox"/> Osteoporosis        |
| <input type="checkbox"/> Allergies                | <input type="checkbox"/> Back Pain            | <input type="checkbox"/> Bruise Easily       |
| <input type="checkbox"/> Immune System Deficiency | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Hormone imbalance   |

Mark YES or NO IF YES, PLEASE EXPLAIN;

Do you have any of the following:

A cold, infection or contagious disease? Y  N  \_\_\_\_\_

Open sores or lesions? Y  N  \_\_\_\_\_

Physical condition that may be affected by stretching, movement or massage? Y  N

\_\_\_\_\_

Psychological conditions/traumas that may be affected while being held in warm water?

Y  N  \_\_\_\_\_

Do you get car or sea sick easily? Y  N  \_\_\_\_\_

Are you wearing contact lenses?  Yes  No

## Cleansing & Colon Hydrotherapy

Most illnesses are a result of stress and excess toxins, (physical, mental, and emotional unusable materials) in the body, as well as parasitic infestation and mineral depletion. Healing is the elimination, or cleansing of these toxins, and then achieving a balance of intake and output. Cleansing can be achieved in many ways; through specific diets, herbs & supplementation, fasting, organ purification, exercise, yoga, relaxation, therapy, prayer & meditation.

Have you had Colon Therapy before? No \_\_\_\_ Yes \_\_\_\_

When?\_\_\_\_\_ Where?\_\_\_\_\_

Please state your intention for receiving Colon Hydrotherapy/or today's planned treatment;

In order for Ninaya to provide the best possible care and to insure optimum results for your therapy sessions, the following information is essential and confidential;

Prescription medications:

Allergies and/or other sensitivities:

Major surgeries & illnesses:

Any other conditions or concerns you would like to share?

Mark Yes/No if you have you ever had;

Heart Attack\_\_\_\_ Stroke\_\_\_\_ Panic Attacks\_\_\_\_ Fainting\_\_\_\_ Siezure\_\_\_\_\_

Thyroid imbalance\_\_\_\_Kidney imbalance\_\_\_\_Colonoscopy \_\_\_\_Barium Enema \_\_\_\_

Hemorrhoids\_\_Rectal Surgery \_\_\_\_Cancer\_\_\_\_Fibroids\_\_\_\_Diverticulitis \_\_\_\_

Gallbladder Removal \_\_\_\_ Hepatitis \_\_\_\_Constipation\_\_\_\_Diabetes\_\_\_\_Anxiety\_\_\_\_

Eating Disorder\_\_\_\_Obsessive Complusive Disorder\_\_\_\_PTSD\_\_\_\_Depression\_\_\_\_

Have you ever been treated for abdominal or colon problem?

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Do you take laxatives? No \_\_\_\_\_ Yes \_\_\_\_\_

What kind? \_\_\_\_\_

Do you take diuretics, stool softeners or fiber? No \_\_\_\_\_ Yes \_\_\_\_\_

What kind? \_\_\_\_\_

How often do you have a bowel movement? \_\_\_\_\_

Is eliminating easy, or do you have to wait and strain? \_\_\_\_\_

What kind of other cleanse of have you done before? \_\_\_\_\_

Have you fasted? \_\_\_\_\_ Done an enema? \_\_\_\_\_ Do you floss/pulling? \_\_\_\_\_

Have you done a liver flush, or specific organ  
detoxification? \_\_\_\_\_

Have you had a lot of dental work? \_\_\_\_\_ Do you have amalgam fillings? \_\_\_\_\_

What's your MAIN complaints? \_\_\_\_\_

What do you NEED? \_\_\_\_\_

What do you WANT? \_\_\_\_\_

How can I best be of service for what you need and want? \_\_\_\_\_

Are you willing to do what it takes, to change, heal and make it all happen? \_\_\_\_\_

Love is the way!

Breathe \* Move \* Love

Ninaya

## Client Waiver

Breathe, relax and read carefully, then sign below. Thanks!

Colon Hydrotherapy is a process, not a quick cure. Multiple sessions combined with a healthy diet and regular exercise might be necessary to achieve optimum results. I understand that Ninaya does not claim to heal or diagnose any disease through colon hydrotherapy and other holistic health modalities. It is advised before beginning a new diet, exercise or holistic modality to discuss it with your physician.

I understand that Watsu and Water Dance are forms of nurturing Massage where you are being held, stretched and moved through warm water. The water temperature ranges from 95-98 degrees. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the appointment.

I further understand that Colonics, Watsu, Massage and Yoga should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware.

Because Colonics, Massage, Yoga, Movement and Watsu should not be performed under certain medical condition, I affirm that I have stated all my known medical condition, and answered all questions honestly. I understand the withholding of any known medical condition may put me at risk, physically and legally. I agree to keep Ninaya updated as to any changes in my medical profile and understand that there shall be no liability on the Ninaya's part, should I forget to do so.

I understand that full payment of a session is due before, or upon completion of that session, class or health program. Packages purchased are to be used within the specific time frame designated.

I understand that each session is scheduled just for me, and if I cancel within 24 hours of my scheduled appointment, I will be charged the full session fee. (- Unless it can filled by another client, Ninayawill not charge me). Also, if I need to cancel a Monday appointment, I need to give notice by the Friday before.

I agree to take full responsibility for my safety and wellbeing, and for the safety and wellbeing of my minors, friends or family members I brought with me, while on the premises and while participating in any activities. I waive my right to make any liability claims against Ninaya Nancy Strandberg, her partner William Gale, Healing Journeys, and the owners of 604 Rockwood Drive, SB.

Client Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You & Namaste! Ninaya