



Ninaya's Holistic Health Intake Form

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

Please fill out this confidential intake form to help me get to know you better. I want to make sure you receive the best possible care to insure optimal results.

Name _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ Cell Phone: _____ - _____

Date of Birth: ____/____/____ M ____ F ____ Other _____

In case of an emergency, please contact: Name: _____ Phone: _____

Married: Yes ____ No ____ Divorced ____ Children: Yes ____ How many? ____ No ____

Weight: _____ Desired Weight? _____

Intention/Reason for visit? _____

How did you hear about Ninaya's services? _____

Profession _____ Lifestyle/Hobbies: _____

Regular Fitness Activities? _____

Regular Wellness Treatments? _____

Regular Supplements? _____

Are you under a Doctor's care? No ____ Yes ____ Doctor's name: _____

If yes, please explain: _____

Prescription medications: _____

Allergies and/or other sensitivities: _____

Major surgeries & illnesses: _____

Major trauma & accidents: _____

Any other conditions and concerns? _____

Have you had ever done an enema and/or had colon therapy? _____

If yes, When? _____ Where? _____

What kind of cleansing/diets have you done before, if any? _____

Have you ever fasted? _____ Do you take laxatives? No _____ Yes _____

Have you ever been treated for abdominal, liver or colon problem? If yes, please explain.

Have you done a liver flush, or specific organ detox? _____

What kind of detox? _____

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? _____

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

How's your oral hygiene? Do you floss? _____ Do you practice pulling? _____

If ever, when, and why did you take antibiotics? _____

Please check if you have or ever had, any of the following conditions:

Heart Attack _____ Stroke _____ Panic Attacks _____ Fainting _____ Seizure _____ Thyroid

imbalance _____ Kidney imbalance _____ Colonoscopy _____ Barium Enema _____

Hemorrhoids _____ Rectal Surgery _____ Cancer _____ Fibroids _____ Diverticulitis _____

Gallbladder Removal _____ Liver Disorder _____ Hepatitis _____ Constipation _____ Diarrhea _____

Please check if you have or ever had, any of the following conditions:

Skin Disorder _____ Diabetes _____ Eating Disorder _____ Obsessive Compulsive Disorder _____
PTSD _____ Depression _____ Anxiety _____ Broken Bones _____ Braces _____ Contact
lenses _____ Frequent Stress _____ Motion Sickness _____ Frequent Headaches _____ Arthritis _____
Numbness _____ High Blood Pressure _____ Diabetes _____ Epilepsy or Seizures _____
Joint Swelling _____ Varicose Veins _____ Stabbing Pains _____ Osteoporosis _____ Allergies _____
Back Pain _____ Bruise Easily _____ Immune System Deficiency _____ Asthma _____
Hormone imbalance _____

Have you ever experienced:

Watsu (Warm Water Massage) _____ Yoga _____ Therapeutic Movement _____ Massage _____
If you did a day-retreat or combo sessions with Ninaya, what would it be? _____

Do you currently have any of the following? Please explain:

A cold, infection, or contagious disease? _____
Open sores or lesions? _____
Physical condition that may be affected by stretching, movement or massage? _____
Psychological conditions/traumas that may be affected while being held in warm water?
Do you get car or seasick easily? _____

~ Seasonal Cleansing and Preventative Self-Care is the key to Vital Health! ~

Do you have any food restrictions? _____
What if any, are your "Bad Habits"? _____
What gets in the way of U achieving your desired health and fitness? _____
Would you be interested in a Personalized Cleanse or Wellness Program? _____

CLIENT WAIVER

**Thanks for answering all the questions. Almost done - just take a BIG BREATH,
RELAX, read this waiver and sign below.**

I understand that Ninaya does not claim to heal or diagnose any disease through doing colon hydrotherapy and other holistic health modalities. It is advised before beginning a new diet, exercise program or holistic health modality to discuss it with your physician.

- Colonics is a process, not a quick cure. Sometimes multiple sessions, combined with a healthy diet, remedies, and exercise might be necessary to achieve optimum results.

I further understand that Water Therapies; Watsu and Water Dance are intimate and nurturing forms of massage where you are being held, stretched, and moved through 95-98 degrees warm water. Any sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full session payment.

Because Cleansing protocols, 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 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, Ninaya's Healing Journeys and the location of her services.

I understand that full payment of a session is due before, or upon completion of that session or wellness 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 be filled by another client, then Ninaya will not charge me). I understand, I agree, and I am ready to do this...

Client Name (please print): _____ Date: _____

Client Signature: _____ Date: _____

Thank You & Namaste' **Ninaya**
phone: 805-637-2387

