



## 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.**

Due to Covid concerns, I will notify Ninaya of any new exposure risks, symptoms or needs.

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 vow 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, her partner and co-facilitator William Gale LMFT, and the location of her services (604 Rockwood Drive, SB CA 93103).

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

