



Body Balancing Center, LLC.
70 James St, Suite 155A
(508) 797-5057 Fax (508) 798-5522

CLIENT INTAKE FORM

(Please print clearly)

Name: _____ **Today's Date:** _____

Address: _____

Town: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Age:** _____ **Male / Female** **Married?** _____

Phone #: () _____ **Alternate #:** () _____

E-mail address: _____

Emergency Contact - Name & Phone # _____

Occupation: _____ **Employed by:** _____

Please check the services you are interested in or want information about:

Colon Hydrotherapy: _____ Massage Therapy: _____ Health products _____
Ionic Foot Bath: _____ Infrared TheraSauna: _____ Nutrition: _____

How did you hear of our Center?

Phone Book _____ Website _____ Friend (Name) _____
Newspaper _____ Signs _____ Fairs _____ Other _____

May we contact you with newsletters and "special" notices? Yes _____ No _____

Please follow the instructions of the Therapist. You must be draped/covered at all times. Absolutely NO sexual activity is permitted at our Center

If you are a Federal, State or Local Agent, upon entering these premises, you MUST declare same or under the Bivens Act - Article 42, be held personally and individually liable.