



# ESTERLE BODY WORKS

## CLIENT INTAKE FORM

JASON PAN ESTERLE | 808 652-7782

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

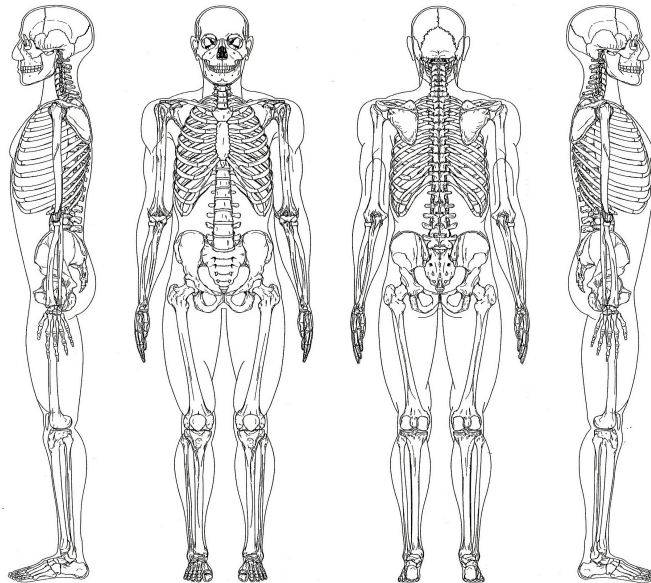
D.O.B \_\_\_\_\_

HT.: \_\_\_\_\_ WT.: \_\_\_\_\_ AGE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOW DOES YOUR BODY FEEL? (PLEASE USE THE DIAGRAM BELOW TO CIRCLE AREAS OF CHRONIC DISCOMFORT) : \_\_\_\_\_

\_\_\_\_\_



HISTORY AND DATES OF SURGERIES: \_\_\_\_\_

\_\_\_\_\_

ARE YOU PRESENTLY UNDER MEDICAL TREATMENT?: \_\_\_\_\_

MAJOR INJURIES/ TRAUMAS: \_\_\_\_\_

SPORTS/PHYSICAL ACTIVITIES/ INTERESTS: \_\_\_\_\_

WHAT ARE YOUR GOALS FOR THIS WORK?: \_\_\_\_\_

I HEREBY APPLY FOR A SERIES OF PROCESSING IN STRUCTURAL INTEGRATION.

I FULLY UNDERSTAND THE PURPOSE OF STRUCTURAL INTEGRATION IS TO BALANCE AND ALIGN THE PHYSICAL BODY SO THAT IT IS SUPPORTED AND MAINTAINED BY GRAVITY IN THREE-DIMENSIONAL SPACE. THIS IS DONE THROUGH DIRECT MANIPULATION AND EDUCATION SO THAT GREATER ECONOMY AND FREEDOM OF BODY MOVEMENT IS ACHIEVED.

I UNDERSTAND STRUCTURAL INTEGRATION IS NOT INVOLVED WITH THE TREATMENT OF DISEASE OF ANY KIND, NOR DOES IT SUBSTITUTE FOR MEDICAL DIAGNOSIS OR TREATMENT WHEN SUCH ATTENTION IS NEEDED.

JASON P. ESTERLE DOES NOT TREAT, PRESCRIBE, OR DIAGNOSE AN ILLNESS, DISEASE, OR ANY OTHER PHYSICAL OR MENTAL DISORDER OF THE CLIENT. NOTHING SAID OR DONE BY JASON P. ESTERLE SHOULD BE MISCONSTRUED AS SUCH.

I UNDERSTAND IT IS NECESSARY FOR JASON P. ESTERLE TO TOUCH MY BODY IN ORDER TO ASSIST ME IN ESTABLISHING BALANCE AND ALIGNMENT IN MY BODY.

I GIVE JASON MY PERMISSION AND CONSENT TO DO ALL THOSE THINGS NECESSARY IN HELPING ME ESTABLISH BALANCE AND ALIGNMENT, INCLUDING, BUT NOT LIMITED TO TOUCHING MY BODY. I GIVE JASON FULL PRIVILEGE AND LICENSE TO WORK ON MY BODY IN SUCH A WAY AS TO RESTORE AND ESTABLISH BALANCE AND ALIGNMENT THEREIN.

I UNDERSTAND THAT ANY RELIEF OF PHYSICAL OR EMOTIONAL SYMPTOMS IS COINCIDENTAL IN THE ORGANIZATION OF THE TOTAL HUMAN BEING AND IS NOT THE BASIC GOAL OF STRUCTURAL INTEGRATION.

IN EVENT THAT PHOTOS TAKEN DURING SESSION ARE A GOOD EXAMPLE OF THE WORK OF S.I., I GIVE MY FULL PERMISSION FOR THEM TO BE USED IN EDUCATIONAL AND/OR PROMOTIONAL MATERIALS.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_