



(305) 814 9818

www.denaturawellness.com

EVENT HEALTH INTAKE FORM

Name: _____

Phone: _____

Company: _____

Email: _____

Recent accidents / falls / injuries: _____

Medications you are taking: _____

Sport you practice & How Often? _____

Do you experience: (please circle)

Diabetes	YES	NO	Cardiovascular Disease	YES	NO	Back pain	YES	NO
Epilepsy / seizures	YES	NO	High / Low blood pressure	YES	NO	Neck / Shoulder Pain	YES	NO
Scoliosis / Lordosis	YES	NO	Swelling / edema	YES	NO	Headaches	YES	NO
Pacemaker	YES	NO	Thrombosis / phlebitis	YES	NO	Slipped Disc/Hernia	YES	NO
Osteoporosis	YES	NO	Cancer	YES	NO	Are you Pregnant?	YES	NO

Waiver:

By signing below, I understand that it is my choice to receive and participate in a massage, stretching, physical therapy, yoga class, acupuncture treatment, guided meditation, fitness training, group class, chiropractic adjustment, wellness lecture or other service provided by DeNatura Wellness. I realize the treatment / class is for my wellbeing including stress reduction, help with trauma/addiction, tension relief, increase fitness and/or energy flow. I understand my practitioner does not diagnose illness, disease or any physical or mental disorder nor does he/she prescribe pharmaceuticals. I acknowledge that these treatments are not substitutes for medical examination and diagnosis, for which I will see my primary care provider. I will immediately inform the practitioner if I feel pain or discomfort, if I feel my wellbeing may be compromised, or if I feel the premises or equipment is unsafe. I understand that I may experience residual pain, discomfort and/or bruising after a treatment. Payment is deemed earned in full upon the commencement of services provided by DeNatura Wellness. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of my treatment/class and no refund or credit for such session will be provided. I understand and agree to be contacted by DeNaturaWellness with information about their services. I understand and agree to be liable for a one thousand dollar penalty in the event I contact or solicit services directly from the therapist/instructor without DeNatura Wellness Director's written consent, and that services may be permanently terminated should this occur. I understand and agree to all the above and waive any right I have to claim any damages or other loss or liability from DeNatura Wellness Officers, Therapists, Instructors, Speakers, Teachers Employees, Officers and/or Agents, arising out of any accident or injury, whether the same results from any active or passive negligence of DeNatura Wellness Officers, Therapists, Instructors, Speakers, Teachers, Employees, Officers and/or Agents."

PRINT NAME: _____

SIGN: _____

DATE: _____