



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: _____ - _____ :

Profession _____ Lifestyle/Hobbies: _____

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

Date of Birth: ___/___/___ M ___ F ___ Pregnant? ___

Weight: _____ Desired Weight? _____

In case of an emergency, please contact:

Name: _____ Phone: _____

Reason for visit? _____

How did you hear about Ninaya's services? _____

Would you like to receive Ninaya's seasonal newsletter, recipes, & special events invitations? Yes ___ No ___ Email: _____

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? _____

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? _____

Do you floss? _____ How's your oral hygiene? 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 ___

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 sea sick easily? _____

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

Do you have any food restrictions? _____

Weaknesses / Addictions / Temptations? _____

Obstacles to health and fitness? _____

If you did a combo/immersion session with Ninaya, what would it be? _____

Would you be interested in a personalized Cleanse or Wellness program? _____

UP CLOSE AND PERSONAL QUIZ

This quiz is designed to help me identify more about you, on a deeper elemental level. It will help me craft a personalized plan for any and all of the therapies we practice together to help rebalance, de-stress, and invigorate your health—body, mind, & soul.

Read each collection of questions. Please check all the boxes that apply.

make
check
boxes

- A. Do you feel heavy and depressed? Are you sad or lonely? Do you feel disconnected from others or misunderstood? Do you feel out of touch? Are you longing to reach out, but can't?
- B. Are you out of touch with your feelings? Do you feel afraid, rigid, agitated, off center or overwhelmed? Are you stuck and congested? Do you lack trust in yourself, others, life?
- C. Are you ungrounded? Are you running on sugar?
Do you feel beat down, exhausted, empty, with nothing left to give? weak? Do you feel bloated and inflamed?
- D. Do you feel constricted, tight, stuck? Have you lost your joy? Is your creative expression thwarted? Are you as passionate as you'd like? Do you feel angry, bitter, lost, at wit's end?
- E. Do you feel scared, unworthy or unloved? Are you out of touch with something bigger than yourself, something inspiring? Have you forgotten how to connect with your deepest Self and Source?

Ninaya offers Elemental Wellness Programs

We are all elemental beings, living in an elemental world. We embody and express all aspects of the five elements: Air, Water, Earth, Fire & Spirit. Each element reflects core human functions, needs and desires. Ideally, we live in vital balance, but stress happens. When one or more of these elements go out of balance, we feel it. But do we know how to rebalance?

I offer immersion combo sessions and comprehensive wellness programs designed to address your current needs and goals. Let's talk about how I can provide you with expert guidance and transformative health service sessions. Discover and rekindle your own inner wisdom, as we work together to implement vital and fun lifestyle changes that will cultivate lasting results for optimal health. U deserve it!

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 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.

Colon Hydrotherapy is a process, not a quick cure. Multiple sessions combined with a healthy diet, remedies and exercises might be necessary to achieve optimum results.

I further understand that Watsu and Water Dance are intimate and nurturing forms of Massage where you are being held, stretched and moved through 95-98 degrees 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 Diets, 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, class or health 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 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**
ph: 805-637-2387

