

# Client Intake Form - Access The Bars®

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## **Personal Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

- How did you find me? \_\_\_\_\_
- Have you ever taken a Bars class? Yes No If yes, when: \_\_\_\_\_
- Have you ever had your Bars run? Yes No If yes, when: \_\_\_\_\_
- Do you have any difficulty lying flat? Yes No If yes, do you need a pillow or to sit up slightly? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- What would you like to receive from your Bars session?  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Access The Bars is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Access Bars Facilitators do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that The Bars do not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that The Bars can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Privacy Notice:**

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

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Practitioner Signature: \_\_\_\_\_

## **Payment Information:**

\$\_\_\_\_\_ Check (#\_\_\_\_\_) \$\_\_\_\_\_ Cash \$\_\_\_\_\_ Square \$\_\_\_\_\_ Credit Card

Check one: Pre-paid  At time services rendered

Payment notes: \_\_\_\_\_