**The Center For Whole Body Wellness**

**Application and Consent for**

**SOMA™ BODYWORK**

I hereby apply for a standard series of sessions in **SOMA™ NEUROMUSCULAR INTEGRATION. I understand that the intent of SOMA™ BODYWORK** is to improve the structure and functioning of my body, that the work is not represented as a substitute for medical care, and that any relief of symptoms is incidental to the treatment.

I recognize that the process of **NEUROMUSCULAR INTEGRATION** necessitates that my body be touched. I give permission to Natasha Cottingham, LMP, certified **SOMA™ PRACTITIONER** to do whatever is necessary to facilitate this process, including, but not limited to , touching my body.

I understand that the standard process of **NEUROMUSCULAR INTEGRATION** consists of ten sessions, but neither myself nor the **SOMA™ PRACTITIONER** is under any obligation to complete the entire series.

I agree to be on time for my appointments and to accept financial responsibility for any appointments missed or cancelled without 24 hours notice.

I have read and understand the above statements.

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Client Signature Date

**Please print the following information:**

Patient Name: Date:

Patient Address:

City: State: Zip:

Home Phone: Cell Phone:

**Emergency Contact:**

Name:

Address:

City: State: ­­ Zip:

Home Phone: Cell Phone: