

# Body Heart Spirit Wisdom

Jim Riddell, SOBI-certified Practitioner, MDiv



## Client Intake Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (s) \_\_\_\_\_ Birthdate \_\_\_\_\_

e-mail \_\_\_\_\_ Referred by \_\_\_\_\_

Preferred contact methods:  Cell  Home  Work  email  text

please do not include me in any newsletters, updates or communication other than reminders for appointments

Relevant Issues \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Waiver

*Release from Liability:* I, the undersigned, hereby recognize that all work or treatment conducted by Jim Riddell as Body Heart Spirit Wisdom contains a small but non-zero risk of harm, whether physical, emotional, spiritual or otherwise, which cannot be anticipated or prevented. I take full responsibility for the risk and hereby release Jim Riddell from all liability and hold him harmless from any unintended consequences from his work.

*Certification:* I understand that Jim has completed training and is currently certified as a Practitioner in good standing by the Society of Ortho-Bionomy International (SOBI).

*Confidentiality:* I further understand that personal information shared with Jim is considered confidential and will be disclosed to other parties only with my express permission, except in cases where in Jim's professional opinion disclosure is necessary to prevent harm to myself or another or as mandated by law.

Signed \_\_\_\_\_ Date \_\_\_\_\_