



SHAPE™

INTAKE FORM

Name _____ Date of Birth ____ / ____ / ____

Address _____

Cell Phone (____) ____ - ____ Work Phone (____) ____ - ____

Email _____ Occupation _____

How did you hear about us? _____

Symptoms that brought you here:

Allergies:

Current medications and or supplements:

Medical conditions / diagnoses:



SHAPE is a technique that is used to find the organ or area of the body that is stressed, determine why it is stressed and then correct the problem by restoring balance to the nervous system and thereby restoring one's health and well-being.

SHAPE uses applied kinesiology and techniques practiced centuries ago to allow the power that made the body to heal the body. SHAPE sessions may include simple dietary changes to reset sugar metabolism. While it is a powerful technology to promote healing, it is gentle and non-invasive. The dietary changes are easy and after a few days many patients report an increase of energy. Your SHAPE practitioner may use small vials for you to hold while performing a manual muscle test. This will allow them to identify any allergens, chemical stressors, or pathogens specific to your health.

However, it is important to understand that SHAPE is not a substitute for professional medical help, advice, or treatment for any specific medical condition. You should not consider SHAPE or this session as a medical treatment of any kind. Always seek the advice of your physician or other qualified healthcare provider with any questions you have regarding your medical care. If you think you may have a medical emergency, call emergency medical services immediately.

I certify that the information provided on this questionnaire is true and complete. I also certify that I understand SHAPE is not a substitute for professional medical help, advice, or treatment for any specific medical condition.

Signature: _____

Date: _____