

## ***Body by Water – Aquatic Integration – Water Bodies***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Best number to call: Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Occupation \_\_\_\_\_

Have you ever had an Aquatic (AI), Watsu or WaterDance session? \_\_\_\_\_ Were you content with your treatment? \_\_\_\_\_

Were you referred by someone or just heard about AI/Watsu/WaterDance? \_\_\_\_\_

### ***GENERAL HEALTH QUESTIONS***

Are you comfortable in water? \_\_\_\_\_ Are you sensitive to getting water in your ears? \_\_\_\_\_ Have you had any traumas associated with water? \_\_\_\_\_

Do you have any part of your body that is sensitive to pressure or to being stretched? \_\_\_\_\_ Describe \_\_\_\_\_

AI/Watsu/WaterDance is a form of aquatic therapy/modality that involves the practitioner holding the client while moving them through the water. Are you comfortable with being held? \_\_\_\_\_

### ***DO YOU NOW HAVE/OR HAD ANY OF THE FOLLOWING***

Allergies	yes__no__	Joint Problems	yes__no__
Cancer	yes__no__	Metal Implants	yes__no__
Diabetes	yes__no__	Motion Sickness	yes__no__
Disc Problems	yes__no__	Nervous Disorders	yes__no__
Headaches	yes__no__	Pacemaker	yes__no__
Heart Disease/Attack	yes__no__	Pregnant	yes__no__
Hernia	yes__no__	Previous Surgery	yes__no__
High/Low Blood Press.	yes__no__	Seizures	yes__no__
Issues w/ Bladder/Bowel	yes__no__	Sensitive to Heat	yes__no__
Physical Therapy	yes__no__	Where?	_____

Please describe condition(s) answered YES \_\_\_\_\_

\_\_\_\_\_

This is your AI/Watsu/WaterDance session. If you are physically uncomfortable at anytime, please let me know so that I can adjust your position. If you wish or need to stop the session for any reason please let me know. AI/Watsu/WaterDance is a form of aquatic bodywork and makes no claim to treat medically diagnosed conditions for which one should see a physician.

The undersigned assumes full responsibility for his/her decision to receive this session and will in no way hold the Practitioner liable for any injury or physical condition that may result.

**PLEASE CALL 24 HRS BEFORE YOUR SESSION IF YOU ARE UNABLE TO ATTEND.  
FAILURE TO DO SO WILL RESULT IN A CANCELLATION FEE.**

***Client Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_