

Sarah Michael, Certified SI Practitioner
Client Intake Form and Agreement of Understanding

Please complete, sign and return these forms by mail prior to your first session. Thank You.

Sarah Michael 403 Village Green Blvd #201 Ann Arbor, MI 48105

Name: _____ Cell Phone: _____

Address: _____ Email: _____

City/State/Zip: _____

Today's Date: ___/___/___ When would you like to start your SI work? _____

What's the best way to contact you (phone/text/email), and when? _____

About Your Body & Health

Date of Birth: _____ Height: _____ Weight: _____

Current physical injuries/concerns: _____

Surgeries & orthopedic injuries; include dates when possible: _____

Are you presently under medical treatment and/or taking medication for any chronic conditions (i.e. asthma, diabetes, corticosteroids)? _____

Physical discomforts (be specific): _____

What's your daily physical activity level like? _____

If you participate in any sports or physical pursuits, please specify: _____

Please describe anything of note about your body/health that hasn't been covered above _____

If you have had prior SI work, when was it and who was your practitioner? _____

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Agreement of Understanding

I hereby apply for a series of processing in Structural Integration.

I understand the purpose of Structural Integration is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct manipulation and education so that greater economy and freedom of body movement is achieved and maintained.

I understand Structural Integration is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is called for.

Sarah Michael does not treat, prescribe, or diagnose an illness, disease, or any other physical or mental disorder of the client. Nothing said or done by Sarah Michael should be misconstrued as such.

I understand it is necessary for Sarah to touch my body in order to assist me in establishing order and alignment in my body.

I give Sarah my permission and consent to do all those things necessary in helping me establish balance and alignment, including but not limited to touching my body. I give Sarah full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein.

I understand that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of Structural Integration.

Signature: _____

Date: _____