



**SOMA NEUROMUSCULAR INTEGRATION®**

APPLICATION AND CONSENT FOR  
SOMASSAGE, TREATMENT BODYWORK OR SOMATIC EDUCATION

I hereby apply for bodywork or somatic education. I understand that the intent is to improve the functioning of my body and mobilize the energy; however, the work is not represented as a substitute for medical care.

I recognize that the process of this treatment necessitates that my body be touched, and I give permission to Kristen Hart LMP and Certified Soma/Somassage practitioner to touch my body. This consent form will apply to all Somassage, treatment, or somatic education sessions from this date forward, unless revoked in writing.

I have received the Notice of Privacy Practices and have been provided an opportunity to review it.

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_