**CLIENT AGREEMENT @ BOWENWORK WITH LISA TOOLE**

**1 Crescent Court South Berwick ME 03908 Phone: 603-591-0658**

**Email: bowenworklisat@comcast.net**

***WELCOME to Bowenwork with Lisa Toole!***

I look forward to a partnership with you towards the improvement of your wellness goals. If you have questions at any time before, during or after sessions please call or email me. Understanding your body is critical to supporting your healing and recovery. To serve you best, please observe the guidelines below regarding all appointments.

\*Be **ON TIME** for every appointment please. Our shared time is valuable!

\*Respect the 24 HOUR **CANCELLATION POLICY**. This time is set aside for YOU alone.

\*DRESS for sessions in **light weight clothing** (work out clothing). Avoid jeans, sweat shirts, and spandex as the fabric impedes Bowenwork moves.

\*It’s helpful to **drink a glass or two of water** before arrival as proper hydration facilitates processing the work in your body during and after session work.

\*Please observe all **homework assigned** after sessions. They each have a purpose that is an extension of session work and deeper healing (e.g. exercise, homeopathic support, etc.)

\***“Walk, water, and wait”** is a common recommendation as you observe the changes & unwinding occurring following session work. It’s important to support these changes correctly as an extension of session work.

\***Payment is due prior to each session.** This applies to all prebooked multi-sessions as well.

\*Please observe the ***“NO OTHER THERAPIES GUIDELINE”*** ***five (5) days before and (5) five days after*** a Bowenwork session. This is essential for complete unfolding of the “work” in the body -- as regards the Bowenwork modality. Gentle yet effective, neurofascial work can be “interrupted or interfered with” when other modalities are mixed during this window of time.

**CLIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Renewal**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Client Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Term/$ Agreement:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Payment**: **(Cash/Check Attn: Lisa Toole).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*AGREEMENT RENEWABLE WHEN CLIENT & PRACTITIONER AGREE TO FURTHER SESSIONS.\*\***