



SOMA NEUROMUSCULAR INTEGRATION®

APPLICATION AND CONSENT

I hereby apply for a standard series of sessions in **SNI® (Soma Neuromuscular Integration®)**. I understand that the intent of **Soma Structural Integration** is to improve the structure and functioning of my body, and that the work is not represented as a substitute for medical care.

I recognize that the process of **SNI®** necessitates that my body be touched. I hereby give voluntary permission to **Alexandra Goldstein, LMP** and Certified Soma/Somassage® practitioner, for whatever is reasonably necessary to facilitate the process of the **Soma sessions**, including movement education, specific techniques in nasal and oral passages, oropharynx, and any exercises that will facilitate change in the structural alignment and balance.

I understand that the standard process of **SNI®** consists of eleven basic sessions and optional sessions as needed. I understand that neither myself nor the **Soma Practitioner** is under any obligation to complete the entire series.

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

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

I have read and understand the above statements.

Client Signature

Date

Please print the following information:

Name: _____

phone: (H) _____

Address: _____

(W) _____

City: _____

State: _____

Zip: _____

email: _____

Date of Birth: _____