

CLIENT INTAKE REGISTRATION FORM



Karina Linhares Integrated Wellness Services

Title Ms. Mrs. Mr.

Company
Name

First Name

Last Name

Address

State/Province

Postal/Zip Code

Phone

Email

Preferred Contact method :

Email or Phone

Number of Participants

Preferred Language:

English or Portuguese

Any Special Requirements

(e.g., accessibility needs.)

Type of Service Requested

- Corporate Wellness Workshop.
- 4-Week Stress Management Program.
- One-on-One Coaching.
- Personal
- Other _____

Service Customization

- Focus on team building.”
- Emphasis on mindfulness.”
- Personalized one-on-one support”
-
- Other _____

Print, Scan and return to:
linhares.karina@yahoo.ca

Signature

Date

