

**Somatic Experiencing Intake**

(may include bodywork / massage or touch)

today's date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Emergency contact and phone number \_\_\_\_\_

List medications you are presently taking \_\_\_\_\_

Primary physician's name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does your doctor approve of you receiving SE and bodywork?  yes  no

What is your goal in seeking Somatic Experiencing? \_\_\_\_\_

List any hospitalizations and surgeries. Include dates

List diagnosed conditions (include any possible infectious or communicable conditions)

Describe any pain you are having (injuries or other) - include date of onset

Describe your sleep patterns

Describe your appetite and thirst

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Describe your digestion and urination (fast, slow, gassy, cramps, how often, color, etc.)

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Describe your body temperature and if you have any sweating

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Describe your emotional state and your general energy

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Females: do you have any problems with your reproductive organs or menstrual cycle?

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Include any other information that may be helpful

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What is your occupation?

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What do you do for fun, health and relaxation?

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Do you utilize spiritual resources?  yes  no Please list your cultural background \_\_\_\_\_

List other resources you see as positive and supportive (social, hobbies, exercise, etc)

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## Lifestyle

How many caffeine products do you consume per day? \_\_\_\_\_ Sugar products? \_\_\_\_\_

How many cigarettes smoked per day? \_\_\_\_\_ Alcoholic drinks per week? \_\_\_\_\_

How many nonprescription drugs do you take per week? (legal or street) \_\_\_\_\_

How often do you exercise? (times per week) \_\_\_\_\_ How many minutes? \_\_\_\_\_

How many vegetables and fruits do you eat per day? \_\_\_\_\_ Greens? \_\_\_\_\_ Fruits? \_\_\_\_\_

How many glasses of water do you drink per day? \_\_\_\_\_ Herbal tea? \_\_\_\_\_ Other? \_\_\_\_\_

How much sleep do you get per day? \_\_\_\_\_ Do you sleep through the night? \_\_\_\_\_

What coping resources do you use when stressed? \_\_\_\_\_

## Trauma History

Please explain the trauma on the line

Fetal Distress  yes  no \_\_\_\_\_

Birth Trauma  yes  no \_\_\_\_\_

Premature Birth  yes  no \_\_\_\_\_

Verbal Abuse  yes  no \_\_\_\_\_

Physical Abuse  yes  no \_\_\_\_\_

Sexual Abuse (include rape)  yes  no \_\_\_\_\_

In the presence of abuse or violence  yes  no \_\_\_\_\_

Other inescapable attacks  yes  no \_\_\_\_\_

Mugging or entry of home  yes  no \_\_\_\_\_

Attempted assaults  yes  no \_\_\_\_\_

Mental illness  yes  no \_\_\_\_\_

Car accidents  yes  no \_\_\_\_\_

Major injuries or burns  yes  no \_\_\_\_\_

Hospitalizations  yes  no \_\_\_\_\_

Major surgeries  yes  no \_\_\_\_\_

Minor surgeries  yes  no \_\_\_\_\_

Major sicknesses  yes  no \_\_\_\_\_

Near drowning or suffocation (include choking)  yes  no \_\_\_\_\_

Someone close to you dying  yes  no \_\_\_\_\_

Natural or unnatural disaster  yes  no \_\_\_\_\_

### Check box next to what feelings apply

<input type="checkbox"/> Moody	<input type="checkbox"/> Frozen and stuck	<input type="checkbox"/> Unexplained anger
<input type="checkbox"/> Manic or elated	<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Phobic
<input type="checkbox"/> Depressed	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Obsessive
<input type="checkbox"/> Irritable	<input type="checkbox"/> Unexplained chest pain	<input type="checkbox"/> Compulsive
<input type="checkbox"/> Hopeless	<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Impulsive
<input type="checkbox"/> Guilt and shame	<input type="checkbox"/> Dizzy	<input type="checkbox"/> Detached
<input type="checkbox"/> Anxious	<input type="checkbox"/> Nausea	<input type="checkbox"/> Do you have night mares?
<input type="checkbox"/> Sad/tearful	<input type="checkbox"/> Often fearful	<input type="checkbox"/> Are you easily startled?
<input type="checkbox"/> Worthless	<input type="checkbox"/> Trembling	<input type="checkbox"/> Often think about illness?

How or what do you want to feel in your life? \_\_\_\_\_

What do you want to create for yourself today? \_\_\_\_\_

What do you want to create for yourself in the short term? \_\_\_\_\_

What do you want to create for yourself in the long term? \_\_\_\_\_

## **POLICIES**

### **DOCTOR'S CONSENT**

If you have any disease or condition that may be aggravated by body work, please get written permission from your doctor to receive my services. If you are receiving psychological counseling, please let me know so I can best serve you and work in a way that is complimentary to your health care. Initials \_\_\_\_\_

### **LEGALITIES**

I am a Holistic Health Practitioner and I am neither a physician nor a psychologist and can not "diagnose" nor do I "treat" any medical conditions or psychological disorders. Initials \_\_\_\_\_

Massage and bodywork often fall under the laws of adult entertainment. To make it perfectly clear, my services are not sexual and should never be misconstrued as such. The session will end and full payment will be due if there is any sexual proposition. Initials \_\_\_\_\_

### **MISSED APPOINTMENT, CANCELLATION AND LATE POLICY**

If you need to reschedule or cancel an appointment, I request that you give me at least 24 hours notice or it will be considered a missed appointment (at the rate of \$50). People who miss an appointment must pay in advance to reschedule, and payment is non refundable within 24 hours of the scheduled appointment. Initials \_\_\_\_\_

Sessions start and end on time so that I can schedule the next client without causing them delay or inconvenience. If you show up late I must end the session on time, and the full charge still applies. Initials \_\_\_\_\_

**TRAVEL TO YOU** For my time and mileage, seventy cents a mile applies after ten miles of travel to you. This amount will be doubled according to round trip. I am located in Imperial Beach. Initials \_\_\_\_\_

**PAPERWORK** Before our first session, I ask that you fill out an intake questionnaire and provide consent from your doctor if need be.

I may not always be able to confirm appointments, so please write your appointment in a book or conspicuous place that you reliably reference. I greatly appreciate your understanding and assistance with this. Gratitude! Initials \_\_\_\_\_

I have read, understand, and agree to the above policies.

If the client is a minor, legal guardian (responsible party) please print, sign and date.

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_