SALT CITY BODYWORKS CLIENT INTAKE FORM FOR SOMATIC THERAPY

PERSONAL INFORMATION

Name:_____ Phone:_____

Emergency Contact Phone: _____ Date of Birth:_____

Date of Initial Visit: _____ Email (optional): _____

Home Address: _____

The following confidential information will be used to help plan safe and effective somatic sessions.
Please answer the questions to the best of your knowledge.

1. Have you participated in somatic therapy before? Yes No

If yes, what kind and how often? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain: _____

3. Are you wearing: Contact Lenses ( ) Dentures ( ) Hearing Aid ( )?

MEDICAL HISTORY

In order to plan a somatic session that is safe and effective, I need some general information about your medical history.

4. Are you currently under medical supervision? Yes No

If yes, please explain if it is relevant: _____

_____

5. Do you consult a mental health care professional? Yes No

If yes, for what purpose? _____

6. Are you currently taking any medication? Yes No

If yes, please list _____

_____

7. Please check any condition listed below that applies to you:

( ) contagious skin condition
( ) recent accident or injury
( ) allergies/sensitivity
( ) heart condition
( ) high or low blood pressure
( ) circulatory disorder
( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
( ) decreased sensation
( ) back/neck problems
( ) epilepsy
( ) emotional, physical or spiritual trauma
( ) extra-sensory perception or telepathic/kinetic abilities
( ) symptoms otherwise unexplained by the traditional medical model
( ) autoimmune disorders including HIV/AIDS
( ) fibromyalgia
( ) TMJ
( ) substance use or abuse
( ) addiction
( ) anxiety
( ) recurring/potent dreams
( ) night terrors/sleep walking
( ) depression
( ) grief or heartbreak
( ) amnesia
( ) headaches/migraines
( ) cancer
( ) diabetes

Please explain any condition that you have marked above: _____

_____

8. Is there anything else about your health history that you think would be useful for me to know? _____

_____

_____

Jenny Winkel, MA, LMT, SEP is a Somatic Experiencing Practitioner and a licensed massage therapist with a master's degree in somatic depth psychology. She is not a clinical psychologist and therefore does not offer psychotherapeutic interventions such as clinical diagnoses and evaluations, talk therapy, prognoses, or related treatment plans. Furthermore, although she may offer referrals to qualified psychotherapeutic and/or medical practitioners, the client is solely responsible for consulting such practitioners for any psychological or physical ailments they may have.

YOUR PERSONAL PROCESS

Salt City Bodyworks offers somatic therapy that is a process-oriented. This means that the goal in the client-therapist relationship is to identify and work in harmony with the client's own unique personal process, without attachment to a particular outcome and within the client's range of tolerance. This process relies primarily on the client's felt sense of what is true in addition to the therapist's professional training and intuition.

CONFIDENTIALITY

The client-therapist relationship is treated with the same confidentiality as in any other field of health care. Client notes can be shared with designated individuals and organizations only with the client's express written permission. In addition, all aspects of conversation are protected by confidentiality except where indicated by Utah law (i.e., if the client expresses desire to and/or has already participated in harm—physical, sexual or otherwise—to themself and/or others that constitutes a crime).

SESSION TERMINATION

The client may terminate a session at any time for any reason. In the event that the client terminates a session, the client is still financially responsible for the full amount of the session.

REGARDING EMOTIONAL EXPERIENCE

At times a client may experience a surge or release of emotion during a session (e.g., crying, laughter, sadness, anger, muscle twitching, appearance of memories or images, etc.). This is normal and even desirable. The client and practitioner work together so that the experience stays within the client's window of tolerance and are supportive of the client's particular purposes for the session.

SESSION LENGTH

The length of somatic therapy sessions varies on the preferences and needs of the client. Salt City Bodyworks offers 60, 75 and 90 minute sessions. When touch therapy and tablework are involved, sessions of a minimum of 75 minutes are recommended. Each session includes time at the beginning to discuss what the client wishes to address and sufficient time at the end to allow the client to process the events of the session and/or to feel grounded and ready to leave the studio.

LATE START

If the client arrives late to an appointment, the session will end at the originally scheduled time so that the practitioner can stay on schedule. If the practitioner starts a session late, she will make the time up at the end of the session when possible and if not, the session fee will be reduced proportionate to the amount of time lost. If the client is late more than 15 minutes to a session, they will be asked to reschedule and will be charged 100% of the session price.

CANCELLATION POLICY

The client agrees to give a minimum of 48-hours notice to cancel a scheduled session so that the practitioner does not lose potential business due to the cancellation. If the session is cancelled within:

- 48 hours or more: There is no charge.
- Less than 48 hours.
- Without Reschedule: the client will be charged 100% of the session price if there is NOT a reschedule that occurs within seven days of the originally scheduled appointment.
- With Reschedule: There is no charge for the cancelled session if there is a reschedule that occurs within seven days of the originally scheduled appointment.
- Less than 24 hours.
- Without Reschedule: the client will be charged 100% of the session price if there is NOT a reschedule that occurs within seven days of the originally scheduled appointment.
- With Reschedule: the client will be charged 50% of the session price if there is a reschedule that occurs within seven days of the originally scheduled appointment.
- No Show: The client will be charged 100% of the session price.

CHILD POLICY

Children are not permitted to accompany clients to appointments. If a client brings a child to an appointment, they will be asked to reschedule and a no show cancellation fee will apply (see Cancellation Policy).

ILLNESS OR CONTAGIOUS DISEASE

If a client arrives sick or otherwise contagious to an appointment, they will be asked to reschedule the appointment and a no show cancellation fee will apply (see Cancellation Policy).

COMMUNICATION

Communication between sessions is limited to information related to scheduling appointment, appointment reminders and payment related issues.

PERSONAL DISCLOSURE

I, _____ have stated all my known medical conditions, answered all questions honestly and will inform the practitioner of any relevant change in my health. I agree to waive all claims and to release and hold harmless Jenny Winkel, MA, LMT, SEP and Salt City Bodyworks from any liability whatsoever arising from or related to failure to do so on my part. Furthermore, I have discussed any questions I may have regarding studio policies, client rights and Utah law as stated herein and have received satisfactory answers.

Client's signature: _____ Date: _____