

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_  
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, some general information about your medical history is needed.*

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

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 your practitioner to know? \_\_\_\_\_

Jenny Winkel is a Somatic Experiencing Practitioner (SEP) and NARM Practitioner with a license in massage therapy (LMT) and a master's degree in somatic depth psychology (MA). 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 themselves 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**

I agree to give a minimum of 48-hours' notice to cancel a scheduled session so that the practitioner does not lose potential business due to my cancellation. If I cancel with less than 48 hours' notice or no-show an appointment, I understand and agree that the credit card used to reserve the appointment will be charged 100% of the session price plus a 5% transaction fee. A no-show is defined as not showing up for an appointment at all or arriving 15 minutes late or more.

**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 appointments is limited to information related to scheduling and payment. Emailing Salt City Bodyworks via [jenny@saltcitybodyworks.com](mailto:jenny@saltcitybodyworks.com) is HIPAA compliant and therefore secure and confidential. Texting is not.

**PAYMENT**

Salt City Bodyworks accepts all major credit cards, HSA cards, local checks, cash and Venmo. Venmo settings for payments are on "private" so only the client and practitioner see the transaction. Credit card transactions have a 3-4% surcharge when the card is swiped in person and 5% when charged remotely. I understand that the credit card used to reserve the appointment through Square Software is only automatically charged in the event of a no show, cancellation given with less than 48 hours' notice and any form of non-payment. Payment is due at the time of service. I understand that Salt City Bodyworks reserves the right to send non-payments to a third-party collection agency.

**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: \_\_\_\_\_