

Client Intake - BodyWork

Date _____

Name _____ Age _____ E-mail _____

Address _____ City _____ State _____

Profession _____ Cell _____ Zip _____

Client Information is Confidential

What results do you want or expect?

Do you have a specific physical condition you want to improve?

Do you experience any type of stress, anxiety, or fear?

How would you rate them? Mild, Moderate, or Severe?

Do you want to add any information to this intake form?

Trauma?

Relationship Issues?

Health Goals?

Additional Comments

Consent for Structural Integration BodyWork

I consent to a session - or a series of sessions by Michael Mitchell who has explained to me the general process of Structural Integration. The purpose being to align and balance the muscles, and connective tissue (fascia) of the body to the extent possible.

I understand that the practitioner does not treat, prescribe, or diagnose any illness, disease, or any other physical or mental disorder, injury, or condition.

I am in control of the pressure brought to bear on my body, and I am responsible for communicating with the practitioner if the pain or pressure is creating too much discomfort.

I agree to keep the practitioner updated on changes concerning my health, and understand there shall be no liability on the practitioners part should I fail to do so.

I understand it is necessary for the practitioner to touch my body in order to assist me in establishing greater balance and alignment. I give Michael Mitchell my permission to use learned techniques in order to help me restore balance, and alignment.

I agree to pay for ½ of any appointment I miss or fail to cancel 24 hours in advance.

Signature _____ Date _____

Signature of Parent of Client is a minor _____

Session Notes

Intake

External - Sessions

1

2

3

Core - Sessions

4

5

6

7

Integrative - Sessions

8

9

10

Intake - Part 2 Integrative Therapy

Results Personality Test

What are your health goals?

What gives you the most pleasure or joy in life?

What are your worries or fears?

What are your hopes and dreams?

Any family history of Alcoholism, depression, or violence?

Parents divorced? _____ If so at what age were you?

How did the divorce affect you?

How was your childhood?

Any big events that affected you?

Community activities?

Spiritual activities?

Hobbies?

Subjects that interest you?

Recovery programs?

Any past or present therapy?

Any past or present drug/alcohol abuse?

General information and agreement for Soma Therapy

The **Process of Therapy** can result in a number of benefits to you. Working toward these benefits requires effort on your part. Therapy asks that you are open and honest. If a subject comes up that you are not ready to deal with, let me know and we can deal with it later, or not, depending on your willingness to look into it.

Your Truth will free your body up, and improve your health in many ways, but initially it might cause discomfort. Change is not easy, but we are made for growth. Communication is vital to heal, and issues will come up to be understood and healed.

At **any point** in therapy - either party can terminate the therapy.

Somatic Therapy: Our bodies are a great resource, if we listen to our bodies we can derive valuable information that may not otherwise be consciously available to us. In the body / mind model of therapy we pay attention to the sensations and emotions that are experienced in the body.

Bodywork, thoughtful questions, and insight will help bring issues and information out to be discussed and learned from. Knowledge leads to wisdom and wisdom always leads to an integrative life. Structural Integration is a powerful way to bring the body into alignment, and when you add Somatic dialogue into the session, life begins to organize into greater order. Dormant energy surfaces and life goals are attained with less effort. The body feels lighter and more at ease.

Mediation and arbitration: *All disputes arising out of, or in relation to this agreement to provide therapy services shall first be referred to mediation, before and as a precondition of, the initiation of arbitration. The mediator shall be a neutral, third-party, chosen by agreement of myself and client. The cost of such mediation, if any, shall be split equally. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by a binding arbitration in San Diego County, in accordance with the rules of the American Arbitration Association, which are in effect at the time the demand for arbitration is filed.*

I have read the above information and agree to comply with them.

Client _____ **Date** _____