



## **Part 1**

### ***My Invitation to You***

It is with excitement that I share with you the way my bodywork sessions are evolving. Now that I have completed my training in Somatic Experiencing (SE), I include this work with my current bodywork.

I continually explore how intricately the body is connected in all ways—emotionally, mentally, physically and spiritually. They influence each other. When our body is physically impaired, it affects the other aspects as well. Massage can help so many issues and resolve many layers of pent up restrictions. *Massage combined with Somatic Experiencing* offers a way to delve deeper into the body and the holding patterns we have created to break them loose in a way that enhances the benefits of massage.

Somatic Experiencing is an approach that pays attention to the physical sensations in the body. You slow down, attune, and notice these sensations and learn to let your nervous system release high levels of activation. This process is unique to each person.

I invite you to join me in this deeper exploration of your physical and mental wellness and how they impact each other. While we work together on your body, I may ask you questions or direct your attention to the internal physical experience. My goal, as always, is to improve your wellbeing.

Please know that this is truly an invitation—you can say no. If you want to keep our work together focused solely on your physical body, it is totally your choice and option. I wanted you to know that this deeper work is available to you, if you are interested and want to explore it.

When you check a box and sign this form, you acknowledge that I may ask you some different questions than I have before and you have an opportunity to respond. I do not require you to participate in Somatic Experiencing. This is also a choice that you can change from one appointment to the next. Please ask questions and share concerns if they arise.

I look forward to a meaningful partnership with you to improve your overall wellbeing ☺

Yes, I want to try SE

No, I do not want to try SE

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part 2

### Client Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone 1: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_  
DOB: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Referred by: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Emergency Contact Name and Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### Somatic Experiencing (SE) Session Information

#### Definitions and What to Expect...

##### What is Somatic Experiencing (SE)?

Welcome to my SE practice. What will we be doing, you may wonder...? Somatic Experiencing is a naturalistic form of healing that helps you learn to settle and release physiological activation in your body. Very often this process helps people to reduce stress and return to a sense of regulation and mastery in their lives. SE supports you to learn how to attend to uncomfortable sensations in your body and gently unwind them through your conscious attention. SE is particularly useful to manage stress because so many of the symptoms are physiological. SE may offer you many benefits such as an increase in your ability to self-soothe and feel empowered. Some possible unintended negative side effects from SE can be sleep disturbances, frightening memories, or unfamiliar and uncomfortable body sensations. If you would like to read more about SE, visit [www.traumahealing.org](http://www.traumahealing.org) or read *In an Unspoken Voice* by Dr. Peter Levine.

##### My Credentials

I, Beth Hinden, am a licensed massage therapist with 25 years' experience. I graduated in 2015 with a BS in Psychology and I have completed a 3-year certification process, and am now a Somatic Experiencing Practitioner (certificate of completion).

##### Disclosure

You can expect me to teach SE practices and techniques to help develop greater self-regulation of emotional and bodily aspects of your life. This is not intended to replace psychotherapy with a licensed professional in your local area who is trained to handle crisis or emergency situations. It is suggested

that SE can be a positive adjunct to psychotherapy treatment. Please inform me of your working with a counselor, psychologist, or psychiatrist.

**Confidentiality**

Under normal circumstances, everything you share with me will remain confidential. Please ask questions if you are concerned about my policy in this regard.

**SE Session Format**

SE sessions are done seated in a chair or on the massage table. You will be asked to share an impression of the sensations that you feel in your body, such as tightness, heat, shakiness, expansion, relaxation, etc. I will teach you ways to track, or follow, these sensations with your awareness and come to a place of rebalance.

**Fees**

Please see the website [Sanctuaryofintegration.com](http://Sanctuaryofintegration.com) for current pricing

**Touch**

SE is not a form of massage. There are two ways to use touch in session. It can be used in terms of therapeutic massage techniques and it can be used in relation with SE as a support mechanism. In this case, it is not intended to fix or change a body structure; rather, to help you as the client feel supported to track internal body sensations to the point of release that is organic and natural.

**Survey**

What do you want to feel better about in your life?

Have you had experience with counseling, bodywork/somatic work before? \_\_\_\_\_ If so, for what?

Accidents, surgeries, major illnesses, other overwhelming experiences (in chronological order to the best of your ability):

Sleep habits: \_\_\_\_\_ Hours/night \_\_\_\_\_ Do you feel rested upon waking up? Y/N Avg. Energy Level (scale 1-10) \_\_\_\_\_

Current stress level? HIGH MODERATE LOW OTHER \_\_\_\_\_

On average, what was your stress level over the past year? HIGH MODERATE LOW

Do you have regular eating habits? Y/N Do you smoke? Y/N Do you exercise regularly? Y/N

Family History: Names and ages of kids, parents and siblings. If deceased, how old were you when they died?

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History of mental health issues, you or your family: \_\_\_\_\_

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History of drug and alcohol issues, you or your family: \_\_\_\_\_

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What would you like to get out of the work we do together? \_\_\_\_\_

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What methods/skills do you use to destress? \_\_\_\_\_

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### **Bodywork & Massage History/Session Information**

Have you ever received professional bodywork and/or massage? Yes  No

Date of last session: \_\_\_\_\_ Primary Complaint that brings you in today?

What result do you want from your bodywork?

What type of other holistic modalities have you received (i.e. acupuncture, Reiki, chiropractic, etc.)?

List any exercise activities and include frequency

Are you currently under the care of a health care practitioner? Yes  No

If yes, specify purpose:

List current medications and their purpose:

Injuries/accidents/illnesses still affecting you (even if they took place some time ago, include year):

Surgeries (include year):

**Please mark any of the following that you now have or have had.**

**Musculoskeletal**

- Bone or joint disease
- Tendonitis / Bursitis
- Arthritis / Gout
- Jaw pain (TMJ)
- Lupus / Fibromyalgia
- Spinal problems
- Other: \_\_\_\_\_

**Circulatory**

- Heart Condition
- Phlebitis / Varicose Veins
- Blood Clots
- High / Low Blood Pressure
- Lymphedema
- Thrombosis / Embolism
- Stroke
- Congestive Heart Failure
- Heart Attack
- Other: \_\_\_\_\_

**Respiratory**

- Breathing difficulty / Asthma
- Emphysema
- Allergies specify: \_\_\_\_\_
- Sinus problems
- Bronchitis/ Chronic Cough
- Shortness of Breath
- COPD (chronic obstruction pulmonary disease)
- Other: \_\_\_\_\_

**Skin**

- Allergies specify: \_\_\_\_\_
- Rashes
- Athletes foot
- Herpes / cold sores
- Loss of Skin Sensation
- Other: \_\_\_\_\_

**Nervous System**

**Digestive**

- Shingles
- Numbness/Tingling
- Pinched Nerve
- Other: \_\_\_\_\_

- Irritable bowel syndrome
- Ulcers
- Crohn's Disease
- Other: \_\_\_\_\_

**Reproductive**

- Pregnant: Stage \_\_\_\_\_
- Ovarian / Menstrual Issues
- Prostate Issues \_\_\_\_\_
- Peri- or Menopausal
- Post- menopausal
- Other: \_\_\_\_\_

**Other**

- Cancer/Tumors
- Diabetes
- Drug/alcohol/caffeine/tobacco use
- Vision/Hearing Loss
- Chronic earaches
- Chronic fatigue
- Chronic pain
- Sleep disorders
- Migraines/headaches
- Anxiety/stress syndrome
- Depression
- Contact lenses (hard \_\_\_ soft \_\_\_)
- Dizziness
- Bladder/Kidney Ailment
- Auto Immune Disease (name) \_\_\_\_\_
- Infectious Conditions: TB, hepatitis, HIV
- Other: \_\_\_\_\_

**Additional Remarks/Comments:**

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**Part 3**

**Informed Consent**

I understand that while receiving Somatic Experiencing work, it is my responsibility to inform the therapist regarding any parts of the treatment that make me uncomfortable. I have the right to refuse or terminate the treatment at all times, refuse SE techniques, or any other intervention employed by the therapist. It is not in the scope of Beth's practice to be a mental health counselor.

I understand that bodywork practitioners ***do not diagnose illness, disease or any physical or mental disorder, nor do they prescribe medical treatment, pharmaceuticals or perform spinal thrust manipulations. I acknowledge that therapeutic bodywork is not a substitute for medical examination, diagnosis, or counseling, and that it is recommended that I see a primary health care provider for that service.***

It is my choice to receive therapeutic bodywork and massage. I realize that the treatment is being given for the well-being of my body and mind. This includes stress reduction, relief from muscular tension, spasm or pain, or for increasing circulation or energy flow. ***If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort.***

I understand that if I arrive late, my session will end at the originally scheduled time in order not to penalize the client following me and there will be no adjustment of my fee. I understand that the cancellation policy for sessions is 24-hour notice. I agree to keep all sessions I have scheduled and I **agree to remit full payment for any appointments cancelled without adequate cancellation notice.**

Client Signature:

Date:

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