

The Embodied Center

CONFIDENTIAL INTAKE FORM

Name:

Cell Phone:

Email:

DOB:

Preferred pronouns:

Referred by:

Reason for visit:

Occupation:

Have you previously had experience with Somatic Experiencing (SE)?

Have you received bodywork or Somatic Experiencing touch work before?

What are your goals in working together?

MEDICAL HISTORY

Any surgeries? If so, when and what for?

Any hospitalizations?

Have you suffered any major illnesses in your life?

Accidents:

Traumas (emotional or physical):

How would you rate your current state of health?

Are you taking any medications? If so, please list along with your reason for taking them.

Any trouble sleeping at night?

Do you exercise regularly?

What do you do to help you cope with stress?

How would you rate your stress level? High Medium Low

I understand that I will be charged the full amount for any missed appointments or cancellations under 48 hours (excluding illness or emergencies). I also understand that my health is my responsibility. The better care I take of myself between sessions, the more benefit I will receive from each sessions. If I have any questions or concerns, I will do my best to communicate them.

Name

Date

