



Client Intake Form for Trauma Healing

First and Last Name: _____

Date of birth: _____ **Phone/Email:** _____

Street address: _____

City, state, zip: _____

Referred by: _____

Emergency contact name/phone: _____

Occupation: _____

Physician/Healthcare provider's name and phone number:

Counselor's name and phone number if applicable: _____

Describe why you are seeking Trauma Healing:

Have you ever received energy work before? Which type? _____

List any medications you currently take and for what conditions:

Describe your current support system:

Trauma Healing is ideally done when we are well-resourced. Please describe any of your personal resources, these are practices/activities etc. that help you to get back to your center when you become overwhelmed or triggered. It is ok if you don't yet have these identified.

Examples: Being in nature, talking to a specific friend/family/counselor, listening to particular music, meditation, movement practices, journaling etc.

Share any history pertinent to the sessions including from your childhood that you are presently aware of:

Ex. Traumas, physical/emotional abuse, diseases, accidents, significant life events etc.

Are you aware of any triggers that you have?

Please list any current or past medical conditions that we should be aware of:

Any other comments related to our sessions? _____

If I experience any pain or discomfort during this session, I will immediately inform the practitioner. I further understand that energy work/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, psychiatrist, psychologist or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I understand that Jamie Shadid, LMT, owner of Reconnect 2 Self is not a licensed psychotherapist or counselor and all recommendations are to be viewed as suggestions. I understand that Reconnect 2 Self, LLC requires a 24 hour notice to cancel or reschedule sessions. Session payment is required in full if I cancel with less than 24 hours notice. Understanding all of this, I give my consent to receive care.

Client signature _____

Date _____