

Somatic Experiencing . Visceral . Craniosacral

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EIGHT ELEMENTS WEST
HEALTH HEALING FITNESS

Name: _____ Date: ___/___/___

Address: _____ City: _____

Zip Code: _____ Cell Ph: _____ Birthdate: ___/___/___

Married/Single? Children/ages: _____

Your profession and position _____

How did you hear about SE / Hypno? _____

In case of emergency _____ Relationship: _____ Ph: _____

Email: _____

Main reason(s) for your visit:

1. _____

2. _____

3. _____

Your previous efforts for these situations: _____

Are you familiar with SE, or had a session ? Yes No Approx date: _____

Have you had traditional therapy? Yes No Approx date: _____

Have you been under the regular care health/medical professional within the past year: Yes No

Physician(s) _____

Current medical prescriptions: _____

Physical Conditions: Diabetes Epilepsy Heart Condition Other: _____

Explain: _____

Describe your strengths

How would you describe your limitations?

What to wear: VM & CST – Wear soft pants with a loose-fitting waist, and a simple shirt. The session work may call for direct skin contact on your chest, abdomen, pelvis. Please wear underwear; women, wear a comfortable wireless bra. **SE only** – Dress comfortably.

What are sources of enjoyment and activities you find rejuvenating?

Do you have a strong support system (i.e., family, friends, community, work, etc)?

Other important people who are resources for you:

Do you feel adequately supported ___ Y ___ N If no, what do you feel you need?

Please list physical trauma(s) (*minor/major surgery, accidents, illness, birth trauma, violence, assaults, hospitalization*)

Please describe emotional trauma(s) (*i.e., verbal, neglect, death of someone close to you*)

Desired Shifts:

Relationship

___ Work ___ Current Family ___ Family of Origin ___ Significant Other

Health

___ Diet ___ Sleep ___ Exercise ___ Relaxation ___ Chronic Condition

Emotional

___ Mood ___ Anxious ___ Depressed ___ Difficulty in Expressing Self ___ Feeling Stuck

___ Difficulty in Effective Communication

Other: _____

Somatic Experiencing® . Craniosacral Therapy . Visceral Manipulation Consent Form

Dear Client,

This consent form gives you guidelines about my modalities, my practice and our professional relationship for proper decision-making and consent regarding your sessions.

Confidentiality

I maintain confidentiality and privacy of your sessions. The information you share is treated with the greatest respect.

The Therapeutic Process

I am a certified Somatic Experiencing practitioner, California licensed manual therapist and movement therapist. I use Somatic Experiencing, dialogue, manual therapy, movement and interaction as the basis of therapy. My focus is wellness. My areas of expertise include developmental stress, accumulated stress, and trauma resolution that influence one's self-care, relational issues, and the ability to move forward in life. Several schools of therapeutic dialogue influence my work, movement, touch and nutrition, all of which help people understand their bodies, emotional lives, psyche, health, habits, traumas, relationships, and personal dynamics as part of their healing process.

There are times that integrating somatic dialogue, manual therapy and somatic movement may be helpful. You have the choice of working exclusively with dialogue or integrating these other modalities. With integration, treatment sessions may either alternate by engaging in a series of one modality followed by a series in another modality, or by alternating session to session, or even within one session. The modalities used depend on your situation, your input and your informed consent. Modalities included Somatic Experiencing, Visceral Manipulation, Craniosacral Therapy, Hypnotherapy, Deep Tissue massage, Yoga, and Nia.

At the end of our initial session I will give you a my assessment of needs and will include a flexible proposed future treatment plan. The aim will be to work toward established goals. If I believe I cannot help, I will tell you and provide referrals when possible.

You may receive session homework. It's important to maintain awareness of improvements and changes between sessions, taking note of subtle shifts in physical and emotional states, be it sadness, anxiety, fear as well as joy, happiness, pain and discomfort, high energy or ease. Feedback on your response to treatment is very important, including taking note of questions you have. A dedicated journal can be of help.

Communication

Mutual trust and respect are of primary importance. Treatment is most effective when you are comfortable physically and emotionally. If you are uncomfortable or in pain, please inform me during your session.

What to wear

SE: Dress comfortably. **VM & CST:** Wear soft pants with a loose-fitting waist, and a simple shirt. The session work may call for direct skin contact on your chest, abdomen, pelvis. Please wear underwear; women, wear a comfortable wireless bra.

Appointments

Appointments are available Tue.-Thur. and Sat. mornings. Sessions are 50 minutes, \$125. Other times may be available. Reservations are with credit card, though you may pay in cash, check or charge upon your visit.

Frequency of Visits

Clients attend at various intervals. The frequency of treatment will depend upon your needs and goals. These are most common: 1x/week, 1x/month, 6x/year. Treatment typically lasts for a period of 1-2 years or more, depending on the type of care needed. Goodness grows slow & steady!

Cancellations

Missed appointments and appointments rescheduled in less than 24 hours are charged.

