



Somatic Experiencing . Visceral . Craniosacral

Organic Intelligence *Gloria Gonzalez . 858.336-5364 6830 La Jolla Blvd. #201, La Jolla, CA 92037*

Name: _____ Date: ___/___/___

Address: _____ City: _____

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

Married/Single? Children/ages: _____

Your profession and position _____

How did you hear about us? _____

In case of emergency _____ Relationship: _____ Ph: _____

Email: _____

Main reason(s) for your visit:

1. _____

2. _____

3. _____

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: All sessions may include touch work, so it is helpful to wear comfortable loose clothing. VM & CST – Wear a loose-fitting waist, and a simple shirt for hands-on work for abdomen, chest, pelvis. Women, wear a 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)?

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

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: (0 = No Issues, 5 = Need Help)

PLEASE RATE							PLEASE RATE						
Strength & Stamina	0	1	2	3	4	5	Sleep	0	1	2	3	4	5
Stress Level	0	1	2	3	4	5	Weight	0	1	2	3	4	5
Chronic Physical Conditions	0	1	2	3	4	5	Diet	0	1	2	3	4	5

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

Emotional Tone: ___ Mood ___ Anxiety ___ Depression ___ Difficulty in Expressing Self
___ Feeling Stuck ___ Difficulty in Effective Communication

Describe:

Somatic Experiencing® . Organic Intelligence® . 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, Organic Intelligence mentor, California licensed manual therapist and movement therapist. I use dialogue, manual therapy, movement and interaction as the basis of therapy. The 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 when 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 can either engage 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, Organic Intelligence, Visceral Manipulation, Craniosacral Therapy, Hypnotherapy, Yoga, and Nia.

At the end of your initial session we will review your future needs which can include a flexible session plan. The aim is to work toward your established goals. If I believe another practitioner may be of more 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 sessions 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. Sessions are 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 Mon-Fri. Sessions are 50 minutes, \$135. Other times may be available. Reservations are with credit card, though payment can be made 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, 2x/month, or 1x/month. Sessions are typically 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.

The Process of Natural Treatments – an unfolding

These therapies can relieve traumatic stress symptoms and reestablish a sense of well being. Yet, like any other treatment unintended negative “side effects” can arise. As with all therapies, it is important that you inform me as soon as possible when you are uncomfortable with any aspects of the treatment from a session. If you are experiencing negative side effects in-between sessions, you may contact me by phone or email. Rates beyond the 10 minute average follow-up are \$40 @ 15 minute intervals.

Emergencies

In case of an emergency please call me on my cell, 858-336-5364. My voicemail is confidential. I will return your call as soon as I can. If you are unable to contact me and it is an emergency, call 911 or go to the nearest emergency room.

I appreciate the opportunity to work with you.

Sincerely,
Gloria Gonzalez

Client Name (print)

Signature

Date

Somatic Experiencing® The Difference in the Somatic Approach

Dr. Peter Levine developed SE by observing how wild prey animal are threatened routinely yet rarely traumatized. Humans share these innate biological mechanisms to discharge the high levels of arousal associated with stress, allowing a return to physical and emotional regulation once a threat is over. Dr. Levine holds doctorates in medial and biological physics from UC-Berkley, and a Ph.D. in psychology.

- SE employs awareness of body sensation, attention and dialogue to "renegotiate" and heal trauma. Touch may also be used in support of the renegotiation process.
- SE is not a cathartic modality designed to re-live or re-enact trauma, which can overwhelm the regulatory mechanisms of the organism. In SE attention is often given to subtlety. Subtlety allows the nervous system to regain balance, stability, appropriate responsiveness, and robust resilience. Through careful guidance of the bodily "felt sense," highly aroused survival energies may be safely experienced and gradually discharged.
- SE is a “bottom up process”. SE can therefore be highly effective in addressing trauma, accumulated stress (AS) and developmental stress (DS), since the roots of these are often not accessible through conscious awareness (ie, traditional talk therapy), or are pre-verbal. Since the correlation between these traumas of the effects on one’s life is often not obvious, SE can bring surprisingly gratifying shifts in one’s being and life.

I have read the above, understand, and agree to it.

Client Name (print)

Signature

Date