

ONE SOURCE SOMA
952-657-6055
WWW.ONESOURCESOMA.COM

**SOMA NEUROMUSCULAR INTEGRATION®
APPLICATION AND CONSENT FOR SOMASSAGE, TREATMENT WORK,
BODYWORK OR SOMATIC EDUCATION**

- I HEREBY APPLY FOR BODYWORK OR SOMATIC EDUCATION. I UNDERSTAND THAT THE INTENT IS TO IMPROVE THE FUNCTIONING OF MY BODY AND MOBILIZE THE ENERGY; HOWEVER, THE WORK IS NOT REPRESENTED AS A SUBSTITUTE FOR MEDICAL CARE.
- I RECOGNIZE THAT THE PROCESS OF THIS TREATMENT NECESSITATES THAT MY BODY BE TOUCHED, AND I GIVE PERMISSION TO **COREY HESS**, CERTIFIED SOMA/SOMASSAGE PRACTITIONER, TO TOUCH MY BODY FOR WHATEVER IS REASONABLY NECESSARY TO FACILITATE THE PROCESS OF THE SOMA SESSIONS, INCLUDING MOVEMENT EDUCATION, SPECIFIC TECHNIQUES IN NASAL AND ORAL PASSAGES, OROPHARYNX, AND ANY EXERCISES THAT WILL FACILITATE CHANGE IN THE STRUCTURAL ALIGNMENT AND BALANCE. THIS CONSENT FORM WILL APPLY TO ALL SOMASSAGE, TREATMENT, OR SOMATIC EDUCATION SESSIONS FROM THIS DATE FORWARD, UNLESS REVOKED IN WRITING.
- I UNDERSTAND THAT THE STANDARD PROCESS OF SNI® CONSISTS OF TEN BASIC SESSIONS AND OPTIONAL SESSIONS AS NEEDED. I UNDERSTAND THAT NEITHER MYSELF NOR THE SOMA PRACTITIONER IS UNDER ANY OBLIGATION TO COMPLETE THE ENTIRE SERIES.
- I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES AND HAVE BEEN PROVIDED AN OPPORTUNITY TO REVIEW IT.
- I AGREE TO BE ON TIME FOR MY APPOINTMENTS AND TO ACCEPT FINANCIAL RESPONSIBILITY FOR ANY APPOINTMENTS MISSED OR CANCELLED WITHOUT 24 HOURS NOTICE.

BY SIGNING BELOW, I AM INDICATING I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

SIGNATURE: _____ DATE: _____

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

TELEPHONE (H): _____ (C OR W): _____

DATE OF BIRTH: _____

SOMA NEUROMUSCULAR INTEGRATION® HEALTH AND FITNESS HISTORY

Name:				Occupation:			
Height:			Weight:		Date of Birth:		
Please check as appropriate and provide details as necessary. All information is confidential and can be helpful.							
Yes	No		Yes	No			
		Arthritis			Osteoporosis		
		Cancer			Frequent Colds or Flu		
		Constipation			Painful Feet		
		High Blood Pressure			Varicose Veins or Phlebitis		
		Low Blood Pressure			Anxiety		
		Tuberculosis			Depression		
		Kidney Disease			Hernia or rupture		
		Lung Disease			Allergies		
		Digestive Upsets			Chest Pain		
		Neurological Problems			Contact Lenses		
		Heart Disease			Nicotine	Daily Average:	
		Epilepsy			Pregnant		
		Abdominal Pain			PMS		
		TMJ			Diabetes		
		Headaches			Fatigue	Time of Day:	

Are you under the care of a medical practitioner? (MD, chiropractor, naturopath, psychologist, etc.) Y N
If yes, please explain:

List any medications you are using and their purposes:

Have you been hospitalized or had surgery in the past five years? Y N If yes, please explain:

Do you currently have any infectious conditions or diseases? Y N
If yes, please explain:

Please describe any skin conditions you currently have. (Rashes, athlete's foot, eczema, etc.)

Please describe your history of accidents, injury, pain, soreness, stiffness, immobility, etc. (include whiplash, scoliosis, broken bones, etc.) affecting the following areas:

- Cervical spine and head (neck, head):
- Thoracic spine (upper and mid back):
- Lumbar spine (lower back):
- Sacrum and hips:
- Joints (elbows, shoulders, ankles, knees, etc. Include sprains, bursitis, swelling, etc.)
- Extremities (legs, arms; include breaks, sciatica, carpal tunnel)
- Other

Please describe any significant accidents, diseases or ailments which you have experienced not included above:

Relationships:

Mother alive? Y N

Father alive? Y N

Describe the significant relationships in your life:

Sleep

Average hours of sleep per night: _____

On rising, are you: Refreshed Tired

Type(s) of Exercise: _____

Hours per day (average) _____ OR Hours per week (average) _____

Please describe your diet:

Is there anything relating to your health history which concerns you?

Do you have specific pains?

Is your health preventing you from doing what you want with your life? Y N

If yes, please explain:

Is there anything you wish to add?

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SOMA QUESTIONNAIRE

1. Why do you choose to experience SOMA NEUROMUSCULAR INTEGRATION®?
2. What is the most pleasing aspect of your life right now?
3. What is the most unsatisfactory part of your life?
4. How much responsibility do you assume for the situations in questions (2) and (3) above?
5. What is the best thing that could happen to you as a result of your experience with Soma Structural Integration?
6. What is the worst thing that could happen?
7. What do you like most about your body?
8. What do you like least about your body?
9. What is your earliest memory and how old were you at this time?