

Intake Form

Name: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____

Birth Date: _____ Occupation: _____

Emergency Contact & # _____

How did you hear about me? (website/google search/walk by/referral)

What is your understanding of your symptoms?

What are some things that have been helpful to address your symptoms?

What people, beliefs, events, activities, etc are supportive to you in your journey?

What goals do you have for our sessions together?

What are some things you feel important for me to understand about you?

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Consent for Treatment

I am a licensed bodyworker through the state of North Carolina. NCLMBT# 10893. My education in Somatic Experiencing® includes a 4 year training, including a certification as a Somatic Experiencing® Practitioner, through the Somatic ExperiencingTrauma Institute of Boulder, Colorado. My education in Rolfing® Structural Integration includes a two year professional training program, including a certification as a Certified™ Rolfer, at the Rolf Institute of Structural Integration in Boulder, Colorado. I hold a Bachelors of Social Work degree from Appalachian State University and I am currently enrolled there in the Clinical Mental Health Counseling program with a concentration in Expressive Arts.

I understand that SE employs awareness of body sensation to help heal rather than relive or reenact trauma. That guidance of the bodily “felt sense” allows the survival energies to be safely experienced and gradually discharged. SE “titrates” experience (by taking precise incremental steps toward regulating the nervous system) rather than evoking catharsis (which can overwhelm the regulatory mechanisms of the organism). SE can result in a number of benefits to you, such as relief of traumatic stress symptoms, increased resiliency, and deeper resourcefulness. I am neither a physician nor a psychologist and can not diagnose nor do I “treat” any medical conditions or psychological disorders. You have the right to consent to any treatment. Please inform me if you are uncomfortable at any point during your session. Understand that you can end the session at any time if necessary.

I understand that Rolfing is not involved with the treatment of disease of any kind, nor does it substitute for medical diagnosis or treatment when such attention is needed. I understand that the Rolfer™ does not treat, prescribe or diagnose an illness, disease, or any other physical or mental disorder. Nothing said or done by a Rolfer should be misconstrued to be such. I understand it is necessary for the Rolfer to touch my body in order to assist me in establishing balance and alignment in the body. I give, Mark Read-Smith, my permission and consent to do all those things necessary in helping me establish balance and alignment, including, but not limited to touching my body. I give full privilege and license to work on my body in such a way as to restore and establish balance and alignment therein. Furthermore, I understand that any relief of physical or emotional symptoms is not the basic goal of Rolfing®. All records maintained are confidential and will require prior written approval from the client to be released to anyone other than the client. I certify that all the information on my intake form is true and accurate to the best of my knowledge. I fully understand the purpose of Rolfing is to balance and align the physical body so that it is supported and maintained by gravity in three-dimensional space. This is done through direct manipulation or non-direct touch, and education so that greater economy and freedom of body movement are achieved.

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

Signature: _____

Date: _____

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Office policies

Thank you for selecting me, Mark Read-Smith, as a part of your healthcare plan. I don't accept insurance and payment is expected for all services performed. I accept cash, check or credit card. My session rates are \$120.

A 24 hour notice for appointment cancellation is required. In the event of a missed appointment where I failed to give the required notice, I give Mark Read-Smith permission to charge me \$120 for the missed appointment. Exceptions will be made, at my discretion, for emergency cancellations.

Sessions start and end on time so that I can schedule the next client without causing them delay or inconvenience. If you show up late I must end the session on time, and the full charge still applies.

Please do not arrive for your session under the influence of alcohol or illegal drugs.

Sexual harassment will not be tolerated. If sexually explicit remarks are made or sexual favors are requested or implied, the session will immediately be terminated. In this instance, the client is responsible for the full session fee.

It is your responsibility to tell me if you are uncomfortable with any aspect of the sessions and to inform me of any changes in medical/health status or medications that you may have. You have the right to refuse touch or to refuse or terminate treatment at any time.

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

Signature: _____

Date: _____