Real Life Solutions - Trauma Recovery

CLIENT INFORMATION & INFORMED CONSENT FORM

_____
Client Name (Last, First)

_____ _____ _____
Date of Birth Age Gender

_____
Employer Home Address

_____
Mailing Address (if different from above)

_____ _____ _____
Primary Number to reach you Secondary Phone Email

Can messages be left on your answering machines? Yes _____No_____

Marital status: Single___Married___ Remarried___ Single Parent___ Widow(er)___ Divorced Separated____

Have you ever seen a mental health professional (psychiatrist, psychologist, or counselor)? Yes__ No__
If so, when? _____

Are you currently taking any medications? Yes____ No____ If yes, please list them
_____

Religious/Spiritual affiliation _____ Level of Importance: High_____ Med___ Low___

Do you have children? Yes__ No__ If yes, what ages_____

Check any that currently apply to you, and circle those that are the most significant:

__Adjustments (new job, job loss, marriage or divorce, pet died, etc) __Health (i.e. physical complaints, chronic pains)

__Sadness or depressive symptoms	__Anxiety symptoms	__Anger or irritability	__Changes in mood
__Abuse	__Sleeping difficulties	__Obsessive thoughts	__Addictions
__Bad dreams/nightmares	__Eating difficulties	__Religious concerns	__Career decisions
__Personal growth	__Suicidal thinking	__Sexual concerns	__Worry or guilt
__Physical/Learning disability	__Chronic or terminal illness	__Relationship problem	__Other

Further description of above or any other concerns (optional):
_____
_____
_____

History of trauma, emotional, or behavioral difficulties? If yes, please describe:
_____
_____
_____

History of alcohol/drug/substance use, family violence, or criminal activity? If yes, please describe:
_____
_____
_____

History of chronic physical pains? (Somatization disorders, i.e. headaches, IBS, etc.) If yes, please describe
_____
_____
_____

In case of an emergency, contact:

_____ _____ _____

(Name) Relationship to client Phone

Referral Source _____ May we thank referral? Yes____ No_____

Office Policies and Procedures:

Finances/Cancellation: All changes or cancellations must be made at least 24 hours prior to scheduled appointment, if not made within this time period, the client will be charged for the session as I am unable to offer the time to another client. The fee for a 50-minute session is $185. For those who want a longer session, a 75-minute session is $275. Fees may change periodically, with a 30 day notice provided. Payment is made in full at each session in the form of Zelle, Cash, Credit card, or Check. RLS will attempt to bill insurance companies if you have coverage. We charge the standard fee per session because the insurance companies reimburse you. If the insurance company denies payment of any service, the client is responsible for payment of services. Phone & email time will be charged at the same rate as counseling sessions. Please note if your personal check bounces we will collect a $25 return check charge.

Confidentiality: Information may be released to designated parties by written authorization of clients or legal guardians. Therapists are required to report suspected past or present abuse or neglect of children, dependent adults, and elders, to the appropriate authorities based on information provided by the client or collateral sources. Therapists are required to release information obtained from clients or from collateral sources (other individuals involved in a client's psychotherapy, such as parents, guardians, spouses) to appropriate authorities to the extent to which such disclosure may help to avert danger to a psychotherapy client or to others, e.g.; imminent risk of suicide, homicide, or destruction of property that could endanger others. If a client is using confidentiality as a means of avoiding legal punishment, the therapist must break confidentiality because the therapist may not aid or abet committing a crime. Psychotherapists reserve the right to release financial information to a collections agency, attorney, or small claims court for delinquent client accounts.

Emergencies: The therapist is not available 24 hours a day. If the client needs to speak with the therapist, the client is welcome to call during normal business hours. If the cannot reach the therapist or has an emergency, the client can call 911 or the 24-hour Crisis Team at (888) 724-7240. When the therapist is out of town, he/she will provide the client with phone numbers of alternate sources of help.

I have read the above information, have asked questions as needed, and understand the issues related to the risks and benefits of psychotherapy, confidentiality, professional records, length of psychotherapy, fees, emergencies, and the obligations of clients. Based on my understanding of these issues, I agree to proceed with treatment.

_____ _____

Client Signature Date

138 B Ave., Coronado, CA 92118 – Phone (858) 215-1396 - Email: info@sdtraumatherapy.com

SOMATIC EXPERIENCING & TOUCH WORK INFORMED CONSENT

Somatic Experiencing (SE) is a naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine. SE releases traumatic shock (freeze) and supports the body's natural ability to regulate itself, which is key to transforming PTSD, chronic stress and the wounds of emotional and early developmental attachment trauma.

SE facilitates the completion of self-protective motor responses and the release of survival energy bound in the body, thus addressing the root cause of trauma symptoms, which can result in subtle or more intense experiences as the body discharges. This is approached by gently guiding clients to develop increasing tolerance for difficult bodily sensations and suppressed emotions, so as to not get overwhelmed.

• SE employs awareness of body sensation to help people "renegotiate" and heal rather than re- live or re-enact trauma.

• SE's guidance of the bodily "felt sense," allows the highly aroused or frozen survival energies to be safely experienced and gradually discharged.

• SE "titrates" your experience (breaks it down into small, incremental steps) so that you can remain embodied and present, rather than evoking a mindless catharsis.

SE does not require you to re-tell or re-live the traumatic event; It offers the opportunity to engage, complete, and resolve—in a slow and supported way—the body's instinctual fight, flight, freeze, and collapse responses. SE catalyzes corrective bodily experiences that contradict those of fear and helplessness and seeks to restore a sense of aliveness and pleasure. This resets the nervous system, restores inner balance, enhances resilience to stress, and increases people's vitality, equanimity, and capacity to actively engage in life.

• Note: Somatic Experiencing can be used with or without touch.

When appropriate and according to my clinical judgment, I may offer an intervention in which touch contact may increase your understanding of your body's non-verbal communication. The intention of SE Touch work is to support re-negotiation of trauma in the body and physiology. The SE/Touch skills work brings trauma recovery, self-regulation skills, and resilience. My 17 years of education and training in SE Touch work and the Kathy Kain Touch Skills trainings provides me with specific training in the application of touch interventions.

It is your responsibility to tell me when you are uncomfortable with any part of the treatment. If you have any questions about SE or Touch Skills I will do my best to answer your questions in full.

I consent to the use of SE and/or Touch work in therapy and will make any concerns known to you if they arise.

Signed_____ Date_____

Print Name_____