ADULT INTAKE FORM

REFERRED BY _____

NAME _____

DATE OF BIRTH _____

AGE _____

ADDRESS

_____

PHONE NUMBER _____

OCCUPATION _____

WHAT ARE YOUR GOALS FOR THERAPY?

_____

_____

WHO ARE THE MOST SUPPORTIVE PEOPLE IN YOUR LIFE?

_____

_____

HAVE YOU HAD THERAPY BEFORE?

_____

WHAT ARE YOUR STRENGTHS?

_____

_____

WHAT ARE THE BIGGEST CHALLENGES IN YOUR LIFE RIGHT NOW?

_____

_____

ARE YOU BOTHERED BY ANXIETY/ WORRY? IF YES, PLEASE DESCRIBE

_____

_____

HOW DO YOU COPE WITH ANGER/ FRUSTRATION?

_____

_____

DO YOU HAVE TROUBLE SLEEPING AT NIGHT?

_____

_____

IS THERE ANY HISTORY OF PSYCHOLOGICAL/ EMOTIONAL OR DRUG/ ALCOHOL ISSUES IN YOUR FAMILY? IF YES, PLEASE DESCRIBE

_____

_____

_____

DO YOU HAVE ANY HEALTH/ MEDICAL CONDITIONS?

_____

_____

HAVE YOU HAD ANY SERIOUS ACCIDENTS/ HEAD INJURIES/ SEIZURE ACTIVITY? IF YES, LIST DATES AND DETAILS

_____

_____

_____

PLEASE LIST ANY CURRENT MEDICATIONS AND WHAT YOU TAKE THEM FOR

_____

_____

IS THERE ANYTHING ELSE OF IMPORTANCE THAT YOU WOULD LIKE ME TO KNOW BEFORE WE BEGIN?

_____

_____

_____

WHOM MAY I CONTACT IN CASE OF EMERGENCY?

_____

_____

PLEASE LIST NAMES AND AGES OF SPOUSE/ PARTNER AND CHILDREN

_____

_____

_____

Informed Consent Agreement

As a Somatic Trauma Therapist, my scope of practice includes helping people with unresolved emotional trauma, fear based thoughts, triggers that induce stress, and unwanted behavioral and emotional patterns. I am trained in The Comprehensive Resource Model (CRM), Brainspotting, Somatic Archaeology, and as a Naturopathic Practitioner. Somatic Therapy is a powerful, focused, brain based method that works by identifying, processing and releasing core neurophysiological sources of emotional and physical pain, trauma, dissociation and a variety of other challenging symptoms. CRM provides a scaffold of resourcing to safely, gently and effectively clear traumatic material from the neurophysiology. The client experiences less activation and fear around the targeted issue. This results in a clear path to positive neuroplasticity. I am not a licensed Psychotherapist. If you need relational therapy or therapy outside my scope of practice I will refer you to another therapist to work as a team for your best healing outcome.

APPOINTMENTS: It is best to schedule weekly sessions and on a regular basis until you have accomplished a majority of your goals.

CANCELATIONS AND MISSED APPOINTMENTS: Cancellations must be made 24 hours in advance. A credit card number will be taken at your first session. Late cancellations will be charged at the regular fee to your credit card. If you have a true emergency you will not be charged.

PAYMENT: Payment is expected at each session. You are responsible for payment of services rendered either by check or cash. My fee is $140 per hour ($210 for a 1.5 hour session)

TELEPHONE, TEXT AND EMAIL POLICY: Please reserve discussing problems that arise between sessions for the next scheduled appointment time. I encourage you to use resources you have and to reach out to your support system. If telephone calls are necessary for a client emergency, please schedule a time for a telephone consultation, which will be charged at our regular rate in 15 minute segments. PLEASE DO NOT TEXT ANYTHING OTHER THAN APPOINTMENT TIMES AS CONFIDENTIALITY IS NOT SECURE WITH TEXTING.

If you have any questions please ask before signing below. Your signature indicates that you have read my policies and agree to enter therapy under these conditions.

I _____ have read the above and agree to the terms and conditions.

Kirsten Kraus, Somatic Trauma Therapist (916) 397-5506