

Intake Form -- Adult page 1
Angie Yetzke, LLC

Please print, complete and bring to first session.

Name	Age
Tel	Email
Preferred method of contact	Okay to leave a message?
Emergency Contact	Tel

Referred by

Why are you seeking somatic movement therapy? Do you have specific goals and/or desired outcomes for your sessions?

What other types of therapy or intervention have you sought for the above?

Occupation:

Relationship status:

Children: ___ No ___ Yes - **Ages:**

Activity Level

___ not currently physically active ___ moderately physically active ___ very physically active

Types of activities:

Physical - Cognitive - Emotional Health ~ This is not intended to be an exhaustive or invasive health history gathering. Do note anything for which you are seeking somatic movement intervention or that might affect our work together. Please also note if you are undergoing treatment or taking medication for anything mentioned.

Physical (injuries, pain, medical conditions, organ/gland dysfunction, etc.)

Cognitive (learning disabilities, focus issues, struggle with decision-making, etc.)

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Emotional (depression; anxiety; relationship or intimacy issues: struggle with self-compassion/acceptance; struggle with healthy expression of anger, joy or other emotions, etc.)

While the following three questions may not feel relevant to your presenting issue(s), they just might be, because our bodies hold trauma, and our past affects our present. If you are open to sharing, please know I will be sensitive in my response and use the information to better shape your personalized sessions.

Past Trauma (known birth or childhood trauma, accidents, abuse, etc.)

Known Interruptions to Childhood Development (physical, mental, social, emotional)

For Women: C-Section or Vaginal Births; Issues with Cycles, Menopause, etc.

Is there anything else you would like me to know about you?

Music and rhythm will be an important aspect of our work. Favorite genres? Least favorite genres?

Faith Inclusion

I would like/am open to having a spiritual component (in the form of prayer) in my sessions.

I do not wish to have a spiritual component in my sessions.

Comments:

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Please draw your body. (A stick figure is fine.)

- Note areas of increased awareness, aliveness and sensation with the letter 'A.'
- Note areas of decreased awareness, aliveness and sensation with the letter 'B.'
- Note areas of habitual tension with the letter 'C.'
- Note areas of pain/ discomfort/ injury/ illness with the letter 'D.'
- Note any projected feelings- negative with 'E,' and positive with 'F.'