

Intake Form -- TEEN/CHILD page 1
Angie Yetzke, LLC

Please print, complete and bring to first session.

Teen/Child Name

Age

Parent/Guardian Name

Parent/Guardian Tel

Parent/Guardian Email

Preferred method of contact

Okay to leave a message?

Emergency Contact

Tel

Referred by

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

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

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 your child is undergoing treatment or taking medication for anything mentioned.

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

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

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 two questions may not feel relevant to your child's 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 child's personalized sessions.

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

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

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

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

Faith Inclusion

___ My child would like/is open to having a spiritual component (in the form of prayer) in his/her sessions.

___ My child does not wish to have a spiritual component in his/her sessions.

Comments: