

SOMAENERGETICS CONVERSATIONAL CLIENT INTAKE FORM

Note: Unless you are licensed by the state as a medical practitioner, you are not allowed to have the client fill out any intake form that includes a written medical history or other health questions. You can collect limited information *that the client wants to share* using a conversational format with you taking notes that begin with “client says...” Much more is taught on this in the additional correspondence course work required for certification. **You may use this form if you wish – it is not required.** To use the form, ask your client these questions on their first visit. Let them know that they can choose not to answer if they do not wish to share that information with you.

Client Name _____ Date _____

I am interested in why you are here today: _____

Try “The Energy Vitality Technique” To gain “Empowerment”

Release energy blocks Follow-Up Session Referral

If “Referral”, whom do we thank? _____

No one knows your body and your energy system, quite the way you do...so, please describe to me the following:

Spiritually, Client indicates they have been feeling:

Very Connected to Spirit/God It’s hard to meditate, much less connect

Not connected at all Other _____

Mentally, Client indicates they have:

Peaceful thoughts Scattered thoughts Focused thoughts

Flowing thoughts Structured thoughts Confusion & Chaos

Emotionally, Clients says...

Physically, Client says...

How would you rate your stress level on a scale of 1-5 in the following areas:

Client indicates:

	No Stress			Max. Stress	
Personal Relationship	1	2	3	4	5
Family	1	2	3	4	5
Job/Work	1	2	3	4	5
Self	1	2	3	4	5

Is there anything you would like me to know? Client says... _____

Are you willing to give yourself time, space, and permission to allow whatever healing occurs while we are working together? Yes No

In the event you release some old memories and I feel you need additional support, whom should I call for you?

Name _____

Phone number _____ Relationship to me:

Relative Friend Spouse/Partner No One

Pastor Primary Physician Counselor Other

Thank you for sharing your journey. A part of SomaEnergetics is to share with others the results from tuning sessions. By sharing with each other, we strengthen our collective experience. Do we have permission to share your comments and or assessment results with others? _____ YES _____ NO

Client comments after the session: _____

Practitioner name: _____

SOMAENERGETICS – PERCEPTIONS DURING SESSION FORM

This is an optional form created by David Hulse, CMSTT.

Energy Center	Perception (Up The Back)	Perception (Down The Front)
UT: Root		
RE: Sacral		
MI: Solar Plexus		
FA: Heart		
SOL: Throat		
LA: 3rd Eye		
Crown		

Client Comments: (What do you notice now?) _____

Practitioner Notes: (What differences do you see in your client now?)

Client Name _____ **Date** _____

Practitioner Name _____