



Client Intake Form for SoulWays

Body-Mind Therapy & Integrative Energywork

231-421-3120 • SoulwaysHealing@umich.edu

Name Date

Date of Birth Referred by

Home Phone Cell Phone

Street Address

City State Zip

Email address

What are your primary goals and intentions for our time together? What concerns are you wishing to work with / address?

Please tell me a little about the history of these concerns (i.e. how long you've been experiencing them, what you know or understand about them at this time, etc):

Are you working with other health care practitioners to address any of the above concerns? If yes, what type(s) of practitioners?

Are you taking medications for the above concerns? If yes, what medications are you taking?

Is there anything else you would like me to know about these concerns or other aspects of your life?

My approach utilizes a range of holistic, integrative techniques, including:

- Biodynamic Craniosacral Therapy and Polarity Therapy
- Body-centered verbal engagement and dialogue
- Visualization
- Resource-building
- Emotional process
- Inner Relationship Focusing
- Internal Family Systems
- Family constellations and multi-chair technique
- Emotional Freedom Technique (EFT)
- Matrix Re-imprinting
- Reference Point Therapy
- Drama Therapy and InterPlay
- Movement

I will use a combination of these approaches depending on your interest and comfort level, coupled with what your concerns or issues call for. The overall focus is on listening to you and your system, and supporting your innate strength, health, and healing resources, to help your issues and concerns heal, release, and resolve from inside.

I welcome any questions, comments or feedback you may have to help the sessions better meet your needs.

Scope of Practice

The service I offer is a holistic, integrative approach to growth, healing, and self-development. This is an alternative and complementary form of therapy for the purpose of:

- personal growth and self-exploration
- deepening self-awareness and inner connection
- clarifying personal goals and dreams & releasing energetic blocks to achieving them
- enhancing your connection with your innate strength, health, and healing resources
- greater understanding of the mind-body connection, including exploration of how emotional issues express themselves through the body and energy, and the possible emotional issues that may be underlying physical symptoms
- energy balancing and integration
- relaxation and rejuvenation

I do not diagnose illness, disease, or any other physical or mental disorder. I do not prescribe medical treatment or pharmaceuticals, nor do I perform any spinal manipulations. This treatment is an alternative form of therapy that is not a substitute for medical or psychological examinations and/or diagnosis and treatment.

I have read and understand the above statements.

Client signature

Date

Cancellation Policy:

If you need to cancel or re-schedule an appointment, 24 hour notice is required. Appointments cancelled or changed with less than 24 hour notice will be charged the full rate for that appointment. Thank you for your understanding and respect.