

A Safe Place to Heal – Andrea J. Gage, SEP. CMT Intake Form

Hello,

I appreciate you asking me to help you. This letter is to give you information about what I do and do not do as a Somatic Experiencing® Practitioner as well as information about our professional relationship. Please feel free to ask any questions you may have. Thank you, Andrea Gage

About Somatic Experiencing:

SE is a short-term naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research. It is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized. Animals in the wild utilize innate mechanisms to regulate and discharge the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in “immunity” to trauma that enables them to return to normal in the aftermath of highly ‘charged’ life-threatening experiences.

- SE employs awareness of body sensation to help people "renegotiate" and heal rather than re-live or re-enact trauma.^[1]_{SEP}
- SE's guidance of the bodily "felt sense," allows the highly aroused survival energies to be safely experienced and gradually discharged.^[1]_{SEP}
- SE may employ touch in support of the renegotiation process.
- SE “titrates” experience (breaks down into small, incremental steps), rather than evoking catharsis - which can overwhelm the regulatory mechanisms of the organism.^[1]_{SEP}

For more information about SE please note the following references:

Levine, P. and Frederick, A. (1997). *Waking the Tiger: Healing Trauma : The Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: North Atlantic Books.

Kline, M. and Levine, P. (2007). *Trauma Through A Child's Eyes: Awakening the Ordinary Miracle of Healing*. Berkeley, CA: North Atlantic Books.

For further references and information online about SE go to <http://www.traumahealing.com>

SE can result in a number of benefits to you, such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness. Like any other treatment it may also have unintended negative “side effects.” It is important that you are aware that there are other forms of body-oriented and somatic psychotherapy modalities that may also be helpful to you, such as EMDR, Sensorimotor Psychotherapy, or Bodydynamics. Obviously, there are also many non-somatic focused forms of psychotherapy and counseling that you can choose from.

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Intake Form, cont.**

Personal Profile:

I am a Somatic Experiencing Practitioner and a certified massage therapist since 2003. Before that I was a self defense instructor for Bay Area Model Mugging for over 10 years where I taught full force self defense to woman in the bay area and around the country. I also trained instructors. That work heavily influenced my current practice with the emphasis on emotional and physical boundaries.

I am in good standing with the Foundation for Human Enrichment and the associated Bodywork and Massage Professionals (ABMP). I adhere to the ethical codes of these professional organizations.

To be clear, I am not a therapist of any type and if our sessions move in that direction I will need to refer you to the appropriate professional for that work.

In our sessions together, we will spend a significant time talking with one another, exchanging ideas and perspectives. I shall want to know about you, to the degree that you are willing and able to share. A part of our work will involve me encouraging you to pay attention to those aspects of you that are beyond and beneath your words, namely your body, your senses, your feelings, and images. On occasion, and only with your agreement, I use Somatic Experiencing touch. Often the touch involves remaining in our chairs and experiencing ‘grounded touching’ like a foot touching a foot or a hand on a shoulder. At other times, I may invite you to use a table where I shall work with systems in your body in an attempt to open blocks and move energy. I do not manipulate but only support your body. Before any of this table work takes place, I shall inform you of what we are going to do and why, and ensure that you feel safe. I shall also always ask you permission before I place a hand on any area of your body.

It is your responsibility to tell me when you are uncomfortable with any parts of the treatment. You have the right to refuse or terminate at all time, or to refuse touch, SE techniques, or any other intervention I may propose or employ.

Please sign here to verify that you have read, understood and agree to the above information.

Client name (Print)

Date

Client name (Signature)

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Intake Form, cont.**

Confidentiality:

You have the right to have your personal information protected from any public exposure so that you can ensure privacy and the protection of confidentiality.

I may keep a journal in which I shall write few notes to myself concerning our visits. The notes will help me to track the general conversations we have had, while not being overly specific. My notes are descriptive in nature and do not analyze or diagnose. If you believe it is important for me to keep specific notes (i.e., you foresee needing them in court), please let me know.

Limits of Confidentiality

A client's confidentiality cannot and will not be protected:

- if a client threatens bodily harm to self or others
- if there is indication of child abuse
- if I am subpoenaed to testify in court

Please initial here to verify that you understand your rights to confidentiality and the limits, as well.

Client initial: _____

Permission to Consult:

From time to time, during my own ongoing peer consultation and supervision, I may desire to share some information with colleagues about our conversations so that I may better serve you in our work together. All information would be shared in such a way that your identity is kept absolutely confidential.

Please initial here if you agree to allow me to discuss your information in peer supervision or consultation, while keeping your identity confidential. Do not sign if you have reservations.

Client initial: _____

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Intake Form, cont**

Client Information

Name: _____ Date of Birth: _____

Address: _____

Telephone: Work: _____ Home: _____

Email: _____

Referral Source: _____

Physician or other Therapist: _____ Contact Number: _____

Medication: _____

Please notify in case of emergency: _____

Fee:

\$165.00 per session. I accept cash or check. Paypal or Venmo.

Cancellation Policy:

24 hours notice of cancellation is requested or the full session fee will be charged.
(Includes clients whose fees are paid by third parties who do not cover missed appointments)

If 18 or younger:

Father's name: _____ Contact Number: _____

Mother's name: _____ Contact Number: _____

Limits to confidentiality, when the client is younger than 18, will be discussed with the client (and parents) prior to or at the first conversation.

Please sign here to verify that the information above is correct and that you have read and agreed to the above information.

signature

date

parent's signature (where appropriate)

date