INTEGRATIVE HOOD RIVER

STRUCTURAL INTEGRATION*EMBODIED PELVIC CARE*SOMATIC EXPERIENCING
413 Sherman Ave, Hood River, Oregon 541.490.4968 www.integrativehoodriver.com

SOMATIC EXPERIENCING INTAKE FORM

Name:_____Date:_____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____Email_____
Referred by: _____
Date of Birth: __/__/_____ Sex: M / F
Marital Status_____ Children_____Ages_____

Current medications: _____
Is a physician or any other medical personnel treating you presently? Y / N
If yes, please list name and number: _____
If yes, please list reasons for treatment and specific problem:
_____
_____

Reason for today's visit:
_____
_____
_____
_____

Have you ever had any of the following conditions or diagnoses? Please circle all that apply.

Allergies	Physical or Sexual Abuse		Anxiety
Sexually transmitted disease	Heart problems Stress fracture		Depression
Asthma	HIV/AIDS	Autoimmune disease	Interstitial Cystitis
Arthritis	High Blood Pressure	Depression	Cancer
Hypo/Hyperthyroid	Diabetes	Headaches	IBS
TMJ/Neck	Neurological Problems	Insomnia	Skin Condition

How would you rate your current level of stress?

(low) 1 2 3 4 5 6 7 8 9 10 (high)

What brings you the most joy, ease, inspiration, or sense of belonging in your life?
_____
_____
_____
_____

What do you do for exercise? Do you have any kind of mind/body practice? (yoga/meditation/martial arts/time in nature, etc.)
_____
_____
_____
_____

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What are your goals or intentions in seeking support?

Have you received other types of therapy for this?

Please describe your current condition, your symptoms and their frequency. Note any time of day/night when it is worse, any patterns you notice around what may trigger it (stress, emotional upset, lack of sleep, eating certain foods, environments, exercise, family, relationships, etc.)

Please list any major accidents, surgeries, major injuries, intense relationships, or any especially difficult experiences you've had in your life. Please list approximate dates as well:

Have there been any losses or big changes recently in your life? (ie: living situation, work, family, or relationship) YES NO
Describe

If you know about your birth process please share any info you can, any complications or medical interventions, as well as what was going on in your family emotionally or psychologically.

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