Soma Structural Integration® ~ Application and Consent

I hereby apply for a standard series of Soma Structural Integration® sessions. I understand that the intent of SNI® is to improve the structure and functioning of my body, and that the work is not represented as a substitute for medical care. I understand that SNI® is specialized bodywork, performed by proficiently educated practitioners whose intention is to balance and integrate tissue and joints throughout the entire structure.

I understand that the standard process of SNI® consists of eleven basic sessions, and additional sessions if needed. I understand that neither the SNI® practitioner nor I is under any obligation to complete the entire series.

I understand that my client file will be retained by the Soma Institute and be used with the class for instructional purposes. The Institute will not bill any insurance as the work is being done by students, being supervised by instructors. I am aware that my signature below gives my permission for my files to be used for instructional purposes.

I agree to be on time for all appointments and to accept financial responsibility for any missed appointments or cancellations without 24 hours notice. I understand that I could be charged a $50 fee for late cancellations or no-show appointments.

The following are specific consents required for the SNI® sessions. By initialing each below, I am giving specific consent to _____ (student practitioner name) and the faculty of the Soma Institute of Structural Integration® for each treatment session, for the entirety of the treatment session.

_____ initial to consent — I consent to work performed around and within the parameters of the perineal border (pelvic floor and associated structures of the gluteal cleft, coccyx and tip of coccyx, obturator attachments, pubis, pubic symphysis, and ramus) to facilitate the process of Soma Structural Integration.

_____ initial to consent — I consent to work performed in the nasal passage, oral passage, nasal cavity and oropharynx to facilitate the process of Soma Structural Integration.

_____ initial to consent — I am responsible for wearing an undergarment or shorts on my lower body. If female, my breasts will be covered with a provided garment and if male, I will be bare chested unless I request to be covered I also understand that I will be seen standing and walking in this attire.

I understand that I can revoke the above consents either verbally or in writing at any time.
I have received the Notice of Privacy Policy and have been provided an opportunity to review it.
I have read and understood the above statements,

Signature:_____ Date: _____

Name *(Please Print)* :_____ Date of Birth: _____

Pronouns *(Circle one)*: She/her/hers He/him/his They/them/theirs Other_____

Address:_____

Phone Number: _____ Email: _____

Emergency Contact Name and Phone:_____

Soma Structural Integration® ~ Health History

Date _____

Name: _____ Occupation _____

Height _____ Weight _____ Age _____ Date of Birth _____

Please describe your previous experience with massage or bodywork.

Please check as appropriate and provide details as necessary. Any information you wish to provide is helpful. All information is confidential.

Y	N		Y	N	
__	__	Arthritis __ Rheumatoid __Osteoporosis	__	__	Constipation
__	__	Cancer	__	__	High or low blood pressure
__	__	Tuberculosis	__	__	Frequent colds or flu
__	__	Kidney disease	__	__	Painful feet
__	__	Lung disease	__	__	Varicose veins or phlebitis
__	__	Digestive upsets	__	__	Anxiety
__	__	Neurological problems	__	__	Depression
__	__	Heart disease	__	__	Hernia or rupture
__	__	Epilepsy	__	__	Allergies
__	__	Abdominal pain	__	__	Chest pain
__	__	TMJ	__	__	Contact lenses
__	__	Diabetes	__	__	Nicotine Per day (average)____
__	__	Headaches	__	__	Alcohol Per day (average)____
__	__	Sinusitis	__	__	Pregnant
__	__	Fatigue: time of day_____	__	__	PMS

Are you under the care of a medical practitioner? (MD, chiropractor, naturopath, psychologist, etc.) If yes, please explain your condition.

List any medications you are using and their purposes.

Have you been hospitalized or had surgery in the past five years? Please explain.

Do you currently have any infectious conditions or diseases? Please explain.

Please describe any skin conditions you currently have. (rashes, athlete's foot, eczema, etc.)

Please describe your history of accidents, injury, pain, soreness, stiffness, immobility, etc., affecting the following areas: (include whiplash, scoliosis, broken bones, etc.)

1. Cervical spine and head (neck, head)

2. Thoracic spine (upper, mid back)

3. Lumbar spine (lower back)

4. Sacrum and hips

5. Joints (elbows, shoulders, ankles, knees, etc. - sprains, bursitis, swelling)

6. Extremities (legs, arms - breaks, sciatica, carpal tunnel)

7. Please describe any significant accidents, diseases, or ailments which you have experienced in the past five years that are not included above.

Relationships. Mother alive? _____ Father alive? _____
Describe the significant relationships in your life.

Sleep. Average hours of sleep per night _____ On rising: ___Refreshed ___Tired
Type of Exercise _____ Hours per day (ave.) _____ Hours per week (ave.) _____
Please describe your diet:

Is there anything relating to your health which you are concerned about? Specific pains?

How is your health preventing you from doing what you want to do with your life?

Is there anything you wish to add?

Soma Structural Integration® ~ Soma Questionnaire

1. Why are you choosing to experience Soma Structural Integration®?

2. What is the most pleasing aspect of your life right now?

3. What is the most unsatisfactory part of your life?

4. How much responsibility do you assume for the situations in questions (2) and (3) above?

5. What is the best thing that could happen to you as a result of your experience with Soma Structural Integration?

6. What is the worst thing that could happen?

7. What do you like most about your body?

8. What do you like least about your body?

9. What is your earliest memory and how old were you at this time?

10. How did you hear about the Soma Institute?