



# Heart Song Mental Health Counseling & Massage Therapy, PLLC

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## Client Intake Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street / PO Box City State Zip

| Contact Information | Permission to Contact or Leave A Discreet Message? |
|---------------------|--|
| Home: _____         | ___yes ___no _____initials                         |
| Work: _____         | ___yes ___no _____initials                         |
| Cell: _____         | ___yes ___no _____initials                         |
| Email: _____        | ___yes ___no _____initials                         |

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name / Relationship/Phone (including area code)

Name of Primary Care Provider \_\_\_\_\_

Are you currently being treated for any conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to the above – what conditions are you being treated for and for how long?  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to the above - what medication, dosage and for how long?  
\_\_\_\_\_  
\_\_\_\_\_

Referred by \_\_\_\_\_

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### If Child Is Receiving Services:

Biological Father's Name: \_\_\_\_\_

Step Father's Name: \_\_\_\_\_

Biological Mother's Name: \_\_\_\_\_

Step Mother's Name: \_\_\_\_\_

With Whom Does the Child Live? \_\_\_\_\_

If Joint Custody – what is the schedule? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason for Today's Visit:**

- Individual Mental Health Counseling
- Relationship Recovery
- Family, Child Counseling
- Other (please explain) \_\_\_\_\_
- Reconnective Healing (sign disclosure statement on next page)
- The Reconnection (sign disclosure statement on next page)
- Emotional Freedom Technique (sign disclosure statement on next page)

**History:**

Have you ever had any of the above services before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what was your experience like? \_\_\_\_\_  
\_\_\_\_\_

**Rights and Responsibilities:**

Heart Song Mental Health Counseling and Massage Therapy, PLLC respects the rights and responsibilities of every individual client and upholds open and honest communication. The following is a list of your rights.

You have the right to:

- Be treated courteously and respectfully at all times.
- Request information about Heart Song Mental Health Counseling and Massage Therapy, PLLC.
- Expect that Heart Song Mental Health Counseling and Massage Therapy, PLLC will protect the privacy of your personal health information.
- The right to be informed 24 hours in advance of need to reschedule any appointments for services.
- To receive services in accordance with standard of professional practice, appropriate to your needs, and which are meant and designed to give you reasonable opportunity for improvement. The provision of services shall be responsive to each person's age, gender, social support, cultural orientation, psychological characteristic, sexual orientation, physical situation and spiritual beliefs.

Your responsibilities are:

- To keep appointments as scheduled and when unable to do so, inform Heart Song Mental Health Counseling and Massage Therapy, PLLC 24 hours in advance (except in the case of emergency). Failure to do so will result in your being charged for the missed appointment.
- To fulfill financial obligations for all services received.

**I have read the above and my signature indicates my understanding and consent to services.**

**X** \_\_\_\_\_

**Insurance/Referral:**

I \_\_\_\_\_ give permission to disclose information to health care insurance providers, EAP, or other referral source \_\_\_\_\_ in order to submit claim(s) for services rendered.

**I have read the above and my signature indicates my understanding and consent to services.**

**X** \_\_\_\_\_

### **Emotional Freedom Technique Disclosure:**

Emotional Freedom Techniques (EFT) is based of the discovery that imbalances in the body's energy system have profound effects on one's personal psychology. EFT is an emotional version of acupuncture that corrects these imbalances by tapping on certain energy meridians. When this version of acupuncture is combined with Mind Body Medicine, a powerful synergistic effect occurs. It is this synergism that allows EFT to sometimes work where nothing else will.

During an EFT session, you will be asked to fill out paperwork and you and I will talk briefly about the session and what to expect. While exploring the issue(s) you are seeking release from, I will help you to become as specific about the aspect(s) of the issues/concerns as possible. You and I will then identify the specific aspect of each issue or concern and incorporate EFT tapping techniques to relieve the associated emotional or physical pain. The session will last for 45 – 50 minutes and may require additional sessions. Sometimes people return as new aspects of the same issue or concern come up for them or as new issues or concerns arise for which they want relief.

**\*Disclaimer:** Marian and anyone associated with this work, inclusive of, but not limited to Heart Song Mental Health Counseling and Massage Therapy, PLLC, World Center for EFT, Gary Think.com and Natural Alternatives Wellness Center make no claims, promises, or guarantees, and are neither diagnosing nor treating specific health issues or challenges. You are solely responsible for your own emotional and/or physical well being both during and after any EFT sessions. You are responsible for seeing to and continuing with your own mental health and/or medical treatment and care.

**I have read the above and my signature indicates my understanding and consent to services.**

X\_\_\_\_\_

### **Reconnective Healing/The Reconnection Disclosure:**

Reconnective Healing is a non-touch form of healing that utilizes the highest vibrational frequencies which are made up of light and information.

During a Reconnective Healing session, you will be asked to fill out paperwork and you and I will talk briefly about the session and what to expect. You will then lie down fully dressed on a massage table with eyes closed and clear your mind while paying attention to any sensations, memories, thoughts, and or emotions that you may experience. I will move around the table holding my hands several inches to several feet away from you while remaining fully present to the vibrational energy for 35 – 45 minutes. At no time will I touch you, but some do experience a sensation of having been touched. After the session, I will check in with you and record any experiences that you can report.

Reconnective Healing does not require a long term commitment. It is recommended, but, not required that you receive a minimum of three healing sessions within a two week period for maximum benefit. After two to three sessions, the option to return is totally dependent on your needs and desires. Some people do return for additional healing sessions if a new concern arises and others continue for the specific issue that they sought healing for.

The same vibrational frequencies used in Reconnective Healing can be used to reconnect your energy lines to grid lines that encircle the earth and tie you into the fullness of the universe. This is known as **The Reconnection** and traces your axialtonal (meridian) lines. The purpose is to “reconnect” you to your soul's purpose and achieve maximum potential. The Reconnection takes place in two sessions and the two sessions are scheduled one to two days apart.

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**I have read the above and my signature indicates my understanding and consent to services.**

X\_\_\_\_\_