

Giles Charlé MA Conflict Transformation, Energy Work, Coaching and Consulting

Name _____ Date _____
Birthdate _____ Preferred pronoun/s _____
Address _____
Phone _____ Email _____

Please fill out your credit card info so I can have it on file. I won't charge this unless you miss an appointment, forget your card, or ask me to charge you later.

CC# _____ Ex. Date _____ CSV _____
Name _____ Zipcode _____

Important Information

I'm excited to take this journey with you, for your mental, physical, and spiritual health. I can't wait to see the ways you'll transform through this work! Before we start, I'd like to give you some information about how we can create a safe container, together, for our therapeutic relationship.

BOUNDARIES AND CLIENT RIGHTS

Boundaries around healing relationships are much different in Western culture than in indigenous cultures. Traditionally, most healers have been integral parts of their communities, and have had multi-faceted relationships with the people they help heal. "Dual relationships" of this sort are typically frowned upon in current Western psychotherapy, but in an indigenous culture, this is an artificial construct that does not acknowledge the holistic nature of our lives. Consequently, I have what I consider "priestly" rather than "therapist" boundaries.

I may see and interact with clients in friendly ways outside of our therapeutic hour, because we met in or are part of the same communities, and I will care about you deeply as a *person* beyond simply being my *client*. However, even if we may have met in a friendly way before establishing a healing relationship, once a therapeutic dynamic is entered into, it will preclude the ability to form or maintain an equal friendship. This is because my role as a healer for you is sacred; it will always come first, and the impact of my words and actions on your ability to receive healing from me will always be foremost in my mind. Thus, while my boundaries may be somewhat fluid around what I share about my personal life, or in being part of overlapping communities, I want you to know that boundaries are always present, with your safety and best interest in mind.

The following are some things you can expect from me:

- If we see each other out in the world, I may greet you, but I will never disclose that you are my client to anyone. You may say whatever you like about how we know each other.
- Likewise, I will not tell anyone the things you share with me.
- I keep notes on all my clients to document our work and keep track of our progress. These are kept in a secure location, and are not seen by anyone but me. You are always welcome to see whatever I write, unless I think it might negatively affect you, in which case I'm glad to have a conversation about it. But anything I have to say is transparent to you.
- I sometimes use holistic touch in my work to facilitate healing, and I am glad to offer and receive caring hugs if you would like one. These are always intended to offer platonic loving-care; sometimes a hug is just what's needed for our heart. You are always free to refuse any kind of touch, anywhere, for any reason, not just in the therapy room.

- I will generally not accept a personal Facebook request from clients; however, I welcome you to stay connected to me through my professional page gilescharle.com. If we are Facebook friends before beginning the therapeutic relationship, or through shared communities, I'm glad to have a discussion about how this might impact our work.
- If you ever have any questions or feeling about boundaries, I welcome the opportunity to hear them at any time. I encourage you to set *your* boundaries in ways that make you feel safe, so that together, we can create the best possible healing space for you.

Time and Financial Integrity

Sessions are \$70/1.5hrs, with initial appointments being 1.5 hours. However, a sliding scale is gladly offered for students, teachers, and low-income individuals. Please ask about the sliding scale in advance and be prepared to candidly discuss your financial situation. Cash is preferred, but payments may be taken by credit card for an additional \$5 fee. Please initial each statement below.

___ I agree to pay as much as I can, so that others of greater financial need may take advantage of the sliding scale option.

___ I agree to render payment at the time of services, unless other arrangements have been made.

___ I understand that if I need to cancel an appointment, I must do so at least 24 hours in advance.

___ I understand that I will be charged the full amount of a session, if I'm a no-show, late, or if I cancel within 24 hours.

___ I understand that if I'm late to my appointment, my therapeutic hour will begin from the time at which it was scheduled, not from the time I arrive.*

*Life happens. Reasonable accommodations may be made at the discretion of the practitioner.

Consent and Legalities

I understand that shamanic healing sessions involve energywork that addresses mind, body, and spirit, for the purpose of stress reduction, relaxation, and healing. I understand that a shamanic healer is not licensed to diagnose, prescribe, treat a disease, or take the place of a licensed physician, massage therapist, or psychotherapist. I also understand that nothing done, said, written, or produced by me is intended to interfere with treatment from any health care practitioner. It is recommended that I see a licensed physician or health care professional for any physical or psychological ailment I have. I acknowledge that shamanic healing can complement these treatments, and that long-standing imbalances in the body will take multiple or ongoing sessions to treat. As a client, I accept total responsibility for my own health care and maintenance.

By signing below, I acknowledge and fully agree with all of the above information, and give consent to treat.

Signature of Client: _____ Date: _____

What's Going On

What are the main issues you'd like to focus on in our work? When did they start?

1.

2.

3.

What factors do you think may be causing or contributing to these issues?

How have you tried to address these issues?

Rate your current stress level on a scale of 1-10, with 10 being the highest. 1 2 3 4 5 6 7 8 9 10

A Little About You

What are some of your passions? What do you love to do?

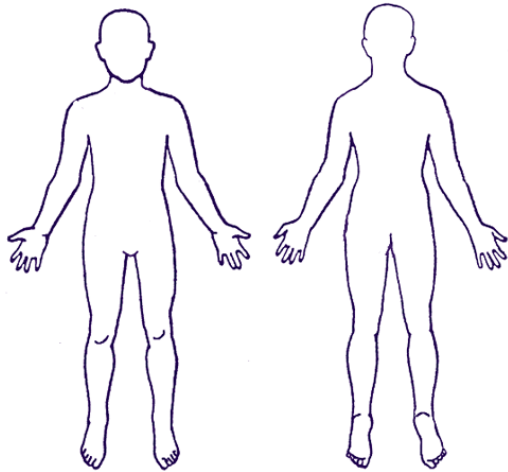
What is your educational background, and what do you do for a living?

Are you currently in a romantic relationship? Y / N Please give me the names, amount of time you were/have been together, and a one-sentence description for any major relationships.

Physical Health

Do you currently experience any physical pain in your body? (headaches, tension, pain, injuries, etc.) If so, please place an X for new/acute pain, and an O for chronic issues below.

Please describe.



Could you tell me about any other accidents, injuries, surgeries, prolonged illness, health issues, etc. that have had a significant impact on your life, and approximate age/s they occurred?

Do you *currently* have any other medical conditions or persistent health issues? (Asthma, menstrual difficulties, etc)

Tell me about your sleep. How many hours a night? From when to when? Any sleep issues recently (insomnia, nightmares, teeth grinding, etc.)?

Do you have any allergies, chemical sensitivities, or general dietary issues?

Typical meals when rested and have time to cook. Typical meals when stressed and in a hurry.

Breakfast:

Breakfast:

Lunch:

Lunch:

Dinner:

Dinner:

Do you get any regular exercise? If so, please share what/how often.

| SUBSTANCE USE | WHAT/HOW OFTEN | SUBSTANCE USE | WHAT/HOW OFTEN |
|------------------|----------------|---------------|----------------|
| Caffeine _____ | _____ | Pot _____ | _____ |
| Alcohol _____ | _____ | _____ | _____ |
| Cigarettes _____ | _____ | _____ | _____ |

Do you take any medications or herbal supplements? Please list what/how often.

Are you currently seeing any other health care providers? Please list.

Mental and Emotional Health

The following questions help give me an idea of some of the difficult things you've been through, so that I can better work with you. I understand these issues are sensitive, so please answer to the level of your comfort, remembering that all information is confidential and treated with care.

Mental Health Inventory

Please list all the people in your life who've experienced any of the issues listed below, including self, partner, mother, father, sibling, grandparents, or any other important close relationship.

Alcohol/Substance Abuse _____
Anxiety _____
Depression _____
Eating Disorders _____
Hospitalization _____
Panic attacks _____
Personality Disorders _____
Phobias _____

Trauma

Please check any of the following you may have or are currently experiencing.

- | | |
|---|--|
| <input type="checkbox"/> Childhood Abuse (verbal, emotional, and/or physical) | <input type="checkbox"/> Accident/s or Major Injuries |
| <input type="checkbox"/> Abuse from Partner (verbal, emotional, and/or physical) | <input type="checkbox"/> Abortion/miscarriage |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Discrimination or bullying |
| <input type="checkbox"/> Other Personal Physical Assault | <input type="checkbox"/> Suicidal Thoughts |
| <input type="checkbox"/> Other Danger (war, crime, stalking, etc.) | <input type="checkbox"/> Suicide Attempts |
| <input type="checkbox"/> Surgery or Prolonged Illness | <input type="checkbox"/> Other Self-harm (cutting, etc.) |
| | <input type="checkbox"/> Post-Traumatic Stress Syndrome (PTSD) |
| | <input type="checkbox"/> Other traumatic experience |

Grief and Transition

Please check any of the following that you may have experienced within the last year, or if still exerting an influence in your life.

- | | |
|--|--|
| <input type="checkbox"/> Breakup/divorce | <input type="checkbox"/> Loss of job/career change |
| <input type="checkbox"/> Relationship difficulties | <input type="checkbox"/> Gender shift or transition |
| <input type="checkbox"/> Death of a loved one | <input type="checkbox"/> Sexual or reproductive difficulties |
| <input type="checkbox"/> Move/change in living situation | <input type="checkbox"/> Other stressful circumstance |

What are your fears, or some of the things that feel the most difficult for you? These can be concrete (heights, water) or emotional (speaking up, not being in control, perfectionism, etc.)

Strength, Support, Spirituality

What do you consider to be your strengths?

When you're stressed out, what kinds of things help you feel better?

When you're upset, who do you turn to for support?

Please tell me a bit about your religious background, and current spirituality or philosophy about life.

Do you have a meditation, yoga, prayer or other spiritual practice? If so, what/how often? If you'd like to be doing something more/different, what would that be?

Is there anything else you'd like for me to know about you?

