



Somatic Consent Form

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Somatic therapy uses the body to guide the process of personal transformation. Our bodies hold our stories and experiences and the knowledge of what we need to complete development and heal. Accessing this information and learning to listen to it necessitates thorough and deep experiencing of your “soma” – your living body in its wholeness.

The therapeutic journey you are about to embark on will require that you be willing to explore your physical and energetic self and remain open to and honest about what you experience, as best as you can. This process will often require physical touch by the therapist. Your permission will always be asked for before any physical contact occurs. It is the client’s (your) responsibility to refuse touch if it does not feel comfortable, or to ask that touch be terminated if it becomes uncomfortable. It is understood that the touch and the client-therapist relationship is always non-sexual.

If you have any questions about this work, how the body wisdom is accessed, and the use of touch, please feel free to ask. Your comfort, trust and sense of safety are of primary importance as we work together in your healing.

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I have read and understood the above statements. I consent to undertake a somatic approach to my healing process and am aware of and accept the fact that physical touch by the therapist is a part of this type of body-centered therapy.

I agree to take responsibility for my truth, my feelings and needs, and whatever issues arise for me during therapy.

I agree to speak with my current doctor and/or psychiatrist to get clearance to receive somatic therapy if I am taking any prescribed medications or have any physical challenges.

Client’s signature

Date

Therapist’s signature

Date