

## Therapeutic Holding Client Intake Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

How much touch do you currently receive in your life:

Who do you currently receive touch from:

Why are you here today? What are your goals & expectations for this session?

### Client Agreement:

- This is a therapeutic touch experience. There is zero tolerance for sexual behavior. Both client and therapist will remain fully clothed during the session.
- Either client or therapist can end the session at any time.
- This is a safe space for the client to receive human touch.
- The client may remain silent or talk or release emotions during the session. If the client talks or shares emotions, the therapist will listen and may provide empathy or reflective listening. The therapist will NOT offer advice or give psychological feedback. The therapist is there to hold space for the client. Everything said will remain confidential.
- This form of touch is NOT massage. While there is physical contact, the therapist is not massaging the client.
- Client agrees to come to session on time, sober, and free of strong scents.
- Cancellation policy- client will give 24 hours notice if they need to cancel a session; otherwise the client will be responsible for paying for the missed session.
- Feedback from the client is encouraged in order to create a nurturing environment.
- Both the client and therapist will ask for consent before engaging in touch.

Client Name- \_\_\_\_\_

Signature- \_\_\_\_\_

Date- \_\_\_\_\_