

Working With Wellness

Client Agreement for Therapy

Dear Client,

If you have any questions, at any time, ask me.

I am a therapist who specializes in listening to the body. I believe you are an inseparable combination of body, mind, emotions, energy and spirit. Listening to your body is an essential starting point because your body reacts, responds, and remembers in its structures and cells the story of your life. My work is both gentle and powerful in discovering habitual patterns and beliefs.

In a session, gentle touch is used with verbal expression. The session is conducted with respect for you and permission from you. I am present as a caring facilitator evoking heightened awareness of holding patterns and tensions in your body and guiding the possibility for change. The integration of change, however, rests with you.

I may use Rubenfeld Synergy Method and/or Somatic Affective Talk and Touch to support new ways of being in relationship with yourself and others.

To assist in the smooth operation of my practice I ask that you agree to the following procedures:

- Please arrive on time and I will endeavour to see you on time. When possible schedule your session at a regular time with some quiet time after to maximize benefits: walk, journal, draw, or simply rest.
- Please tell me when you notice lasting changes. Let me know if you would like to book a longer session and I may suggest this from time to time.
- To reserve your preferred time please schedule a week in advance and give me at least 24 hours notice if you need to reschedule. If you cancel within the 24 hours you are responsible for the full fee.

Individual \$147/hour (includes gst)

Couples: \$220.50 (includes gst)

- If another health practitioner refers you, please tell me, and maintain contact with that practitioner to monitor concurrent care. My contract with you is my priority while we work together.

I welcome you as my client.

Sincerely,

Gilly Thomas

Client consent to Rubenfeld Synergy Method and/or SATT

I agree to participate in this form of therapy and I agree to the policies outlined above.

Name: _____

Signed: _____

Date: _____

Phone: _____

Email address: _____

I am interested in receiving information about upcoming workshops.

Please indicate: Y / N