

BREATHE INTO THE DEEP NATURE OF YOU

Earth Energy Therapy
Sunshine Coast, B.C.

Sylvia Cust, MA, RCC, SRT

Somatic Psychotherapy
Gibsons Health & Wellness

Client Confidential Information

Name _____ Date _____

Referred by: _____

Address _____ City _____

Phone-H _____ (Cell) _____

Email _____ D.O.B. _____

Spouse, Partner, Parent _____

Name and age of children if any _____

What issue brings you here? _____

Are you aware of trauma resulting from any of the experiences listed below?
___ please check if relevant:

- 1. motor vehicle accidents _____
- 2. medical procedures _____
- 4. surgical procedures _____
- 5. family violence _____
- 6. other trauma _____

What are some sources of calmness and renewal that helps you now?

This information is strictly for my private records and held in confidence. Thank you.