

Creative Spirit Healing Registration

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: (HOME) _____ (CELL) _____

(WORK) _____ WHERE MAY WE CALL YOU? _____

DATE OF BIRTH _____

MARRIED _____ DIVORCED _____ SINGLE _____ WIDOWED _____ OTHER _____

EMAIL ADDRESS _____ WEBSITE _____

HOW DID YOU FIND ME? _____

Explain briefly why you are here and what you want for yourself at this time:

Are you experiencing any significant physical distress? If so, please explain:

Are you taking any medication? If so, please indicate what type and the purpose for taking it:

Other important information:

KRISTI DAVIS, MA, REGISTERED DRAMA THERAPIST CANDIDATE

RESPONSIBILITIES AND AUTHORIZATION

Welcome! I know that you have come here for an important reason and that you desire some kind of change for yourself. My programs and therapy sessions are designed for healing and positive life transformation and may include psychotherapy, drama therapy, movement, dance, sound, music, art, drama, writing, meditation, guided imagery visualization processes, and psycho-educational services.

I am completing internship requirements for the National Association for Drama Therapy and work under the supervision of Wendyne Limber, MA, LMFT, RDT/ BCT. Please read carefully the information below:

- **INITIAL VISIT:** After your initial visit and the completion of a **Life and Family History form**, Kristi Davis will design an **individualized treatment plan** for you so that you will be able to focus on the meaning and purpose of therapy. You and Kristi will discuss and design this plan together, giving you an opportunity to add any goals or objectives of your own.
- **THERAPY AND EDUCATION:** Individual sessions are usually 50-60 minutes in length (except for Journey processes—a specific type of guided imagery healing—which take up to 2 hours). Kristi's training includes elements of traditional psychotherapy, transpersonal psychotherapy, and the expressive creative arts. Please be informed that the expressive creative arts include drama therapy, writing, art, movement, dance, sound, music, meditation, and guided imagery visualization.
- **THERAPEUTIC TOUCH:** Many of the expressive therapeutic arts involve touching or being touched by the therapist or other group therapy participants. Said touch may include hand-holding, hugging, tapping, leaning on one another, and similar non-sexual touching. Kristi Davis will take all normal precautions to maintain physical safety during sessions but clients must assume all risks of accident resulting from unintentional movements. You may, at any time, request not to be touched.
- **FEES:** Individual, private sessions are \$150.00 for the initial visit, which includes a detailed individualized treatment plan based on your Life and Family History form, and \$90.00 a session thereafter. Prices for group therapy classes vary. Your payment is required at time of service in cash or check written to Kristi Davis.
- **CONFIDENTIALITY AND INFORMED CONSENT:** Kristi Davis will be presenting your case to her supervisor, Wendyne Limber, MA, LMFT, RDT/BCT, as well as to other interns who are in a weekly supervision course for education, treatment planning, diagnostic evaluation, etc. Your name will not be used. PLEASE BE INFORMED THAT BY SIGNING THIS RELEASE FORM, YOU ARE GIVING PERMISSION TO RELEASE TO WENDYNE LIMBER AND STUDENTS ENROLLED IN SUPERVISION INFORMATION CONCERNING YOU, FAMILY ISSUES, AND OTHER IMPORTANT INFORMATION WHICH BECOMES PART OF THE THERAPY AND TREATMENT. In regard to other issues of confidentiality, Kristi Davis keeps confidential all information regarding your work here, however, she does have a duty to warn if ever you are in danger of hurting yourself or someone else.
- **MISSED APPOINTMENTS AND CANCELLATIONS:** Your appointment time is a special time just for you! We charge for missed appointments when we do not have 24 hours notice of cancellation. If you require a reminder call, please let us know when you make your appointment.
- **EMERGENCY SITUATIONS:** You can reach Kristi Davis at (734) 253-2650 during normal business hours (approximately 9 a.m. to 5 p.m., Monday-Friday). She checks her voice mail regularly and will return your call as soon as possible. **If you are in an emergency situation, please call 911.**

AGREEMENT AND INFORMED CONSENT

I have read the information presented concerning responsibilities and authorization. My signature indicates that I understand the information and have had the opportunity to discuss this information with Kristi Davis to my satisfaction. I am aware of policies concerning fees for services, payment of fees, confidentiality and informed consent, therapeutic touch, release of information, missed appointments, cancellations, and emergency situations.

Futhermore, I, _____, hereby authorize Kristi Davis, under the supervision of Wendyne Limber, MA, LMFT, RDT, to administer treatment which may include psychotherapy, drama therapy, creative arts, meditation, guided imagery processes, and/or educational services to me.

I will be responsible for all charges for services provided by Kristi Davis and Creative Spirit Healing.

I am giving permission to release my personal information and the content of my sessions to Wendyne Limber, MA, LMFT, RDT/BCT, and the supervision course intern students.

I understand that my therapeutic sessions may utilize the expressive creative arts which may involve touch or being touched by the student intern as described above. I understand that Kristi Davis will take all normal precautions to maintain my physical safety during sessions, but I assume all risks of accident resulting from unintentional movements.

I understand that if I am committed to my personal work, and I fully participate in all of the presented experiences and assignments, my life may become joyful, meaningful, and wonderful.

SIGNATURE OF CLIENT

DATE

KRISTI DAVIS, MA, REGISTERED DRAMA THERAPIST CANDIDATE

DATE

SIGNATURE OF WITNESS

DATE