



Shannon Buescher, MS, RDN, LD
Somatic Intuitive Eating Dietitian

Name _____

Address _____

City _____ Zip Code _____

Phone (best way to reach you) _____

Emergency contact name/number/ relationship

Have you ever seen a dietitian before? YES NO

How were you referred? _____

Email address _____

Fees:

Nutrition Assessment (80-90 min): \$200

Follow-ups: 60 minutes: \$150 / 45 minutes: \$135/ 30 minutes: \$85

(Standard follow-up is 45 minutes)

Check, Credit Card, HSA/FSA cards, or Venmo (@shannon-buescher) are accepted forms of payment.

If paying by check, please make payable to Shannon Buescher.

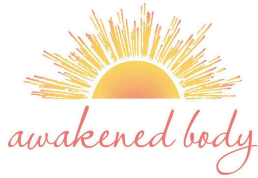
If paying by credit card, please fill the information below:

Name on card:

Credit card number:

Expiration Date: _____ Code on card: _____

***There will be a \$5 processing fee for all credit cards or PayPal payments**



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Please read and initial below:

_____ I understand that there is a 24- hour *business day* cancellation policy.
Failure to do so will result in a charge equal to my session fee.

_____ I will attend all appointments with my counselor (If a counselor is deemed
necessary)

_____ I agree Shannon Buescher can have oral and/or written communication
with my other health/treatment providers. Please list providers below

Signature



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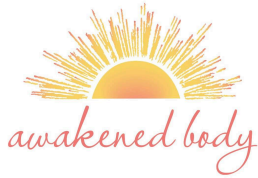
Intuitive Eating Assessment Scale-2

Answer yes or no to the following questions. If you feel unsure, think about what you do or think most of the time.

YES	NO	Do You Have Unconditional Permission To Eat?
		1. I try to avoid certain foods high in fat, carbs or calories.
		2. If I am craving a certain food, I don't allow myself to have it.
		3. I get mad at myself for eating something unhealthy.
		4. I have forbidden foods I do not allow myself to eat.
		5. I don't allow myself to eat what food I desire in the moment.
		6. I follow eating rules or diet plans that dictate the what, when, and how to eat

YES	NO	Do You Emotionally Eat?
		1. I find myself eating when I'm feeling emotional (sad, depressed, anxious), even when I do not physically feel hunger.
		2. I find myself eating when I feel lonely, even when I do not physically feel hunger.
		3. I use food to help me soothe my negative emotions.
		4. I often eat when I feel stressed out, even when I do not physically feel hunger.
		5. I feel that I can not cope with negative emotions without turning to food for comfort.
		6. When I am bored, I eat for something to do.
		7. When I am lonely, I turn to food for comfort.
		8. I have a difficult time find ways to cope with stress and anxiety, other than by eating.

YES	NO	Do You Trust Your Body's Signals?
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		1. I trust my body to tell me <i>when</i> to eat.
		2. I trust my body to tell me <i>what</i> to eat.
		3. I trust my body to tell me <i>how much</i> to eat.
		4. I rely on my hunger signals to tell me when to eat.
		5. I rely on my fullness (satiety) signals to tell me when to stop eating.
		6. I trust my body to tell me when to stop eating.

YES	NO	Do You Feel a Body-Food Choice Congruency?
		1. Most of the time, I desire to eat nutritious foods.
		2. I mostly eat foods that make my perform and feel well.
		3. I mostly eat foods that give my body energy and stamina.

Tylka, 2006



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Treatment Modality Consent

I am a registered and licensed dietitian, intuitive eating counselor and Somatic Experiencing Practitioner.

While it is impossible to predict the exact outcomes of our work together, I will collaborate together with you toward the goals that we establish. You have the right to terminate treatment at any time. During our first few sessions together, I will gather information in order to provide you with my assessment of how I may be of assistance. If after three sessions, I feel I cannot help you, I will let you know and do my best to provide referrals.

I help clients develop their own eating and self-care practices that work for their lifestyles. My focus is on whole body wellness and diet culture liberation. Which modalities/interventions we employ will depend upon your situation. Integrating them may take various forms of alternating treatment sessions, doing a series of one and then a series of the other, or doing them concurrently, always with your consent.

Intuitive Eating is a self-care eating framework, which integrates instinct, emotion, and rational thought and was created by dietitians, Elyse Resch and Evelyn Tribole.

Awakened Body 2022



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The principles of Intuitive Eating help you to cultivate attunement to the physical sensations that arise within your body to get both your biological and psychological needs met. It also removes obstacles and disruptors to attunement, which usually come from the mind in form of rules, beliefs, and thoughts.

Somatic Experiencing (SE) is a gentle, yet powerful model for resolving “stuck” physiological states resulting from traumatic /overwhelming life experience. SE employs awareness of body sensation to help people heal rather than relive or reenact trauma, with the assumption that because body and mind are one and that they cannot be artificially separated.

SE is a naturalistic approach to the resolution and healing of trauma, developed by Dr. Peter Levine. SE is supported by research, and based upon the observation that wild prey animals, though routinely threatened, are rarely traumatized. Rather, they utilize innate mechanisms to regulate and discharge the high levels of energy associated with defensive survival behaviors, providing them with a built in “immunity” to trauma, and enabling them to return to normal after life threatening experiences.

Treatment may include increased focus on body sensations to allow intense survival energies to be safely experienced and gradually discharged, which can result in several benefits such as relief of traumatic stress symptoms and increased resiliency.

Practitioner may utilize therapeutic touch (always fully clothed and with your verbal consent) as a way of directly accessing and supporting the body’s physiology, in renegotiating unresolved trauma and correcting challenging early developmental experiences.

Like any other treatment, may also have unintended negative “side effects” such as strong or overwhelming emotions or fatigue, both of which usually subside in 24-48 hours.

By signing this document, I grant permission to my Practitioner, Shannon Buescher, MS, RD, LD SEP, to use Somatic Experiencing (SE) with me as part of ongoing treatment.



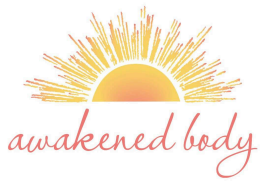
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- I understand that touch interventions are always optional and developed collaboratively between me and my Practitioner
- I understand that physical contact has many values in human relationship and that to categorically exclude it from the psychotherapeutic relationship may be detrimental to my therapeutic process when the focus centers on personal experiences of meaningful and sustained interpersonal contact.
- I understand that the purpose of therapeutic touch and of specific forms of therapeutic contact is aimed towards understanding issues around the approach, achievement, sustaining and /or breaking off human emotional contact. It also aims to facilitate my ability to track the internal sensory experience within my physical body and support the development of new patterns of behavior.
- I understand that it is my responsibility to contact a physician prior to beginning treatment, concerning any medical conditions that might put me at risk due to the possibility of heightened emotional reactions.

I HEREBY AGREE THAT SHOULD I HAVE ANY MISGIVINGS, DOUBTS, OR REACTIONS to therapeutic physical contact or to the anticipation of such, that I will immediately discuss my concerns with my practitioner.

If for any reason, I experience concerns that I am reluctant to discuss directly with my practitioner, or feel unsatisfied with our discussion, I HEREBY AGREE TO SEEK IMMEDIATE THIRD-PARTY PROFESSIONAL CONSULTATION FROM A LICENSED PSYCHOTHERAPIST or MEDIATOR OF MY CHOICE, to ensure that no misunderstandings or uncomfortable feelings arise as a result of the therapeutic physical touch.

I HAVE CAREFULLY READ ALL OF THE ABOVE PROVISIONS AND HAVE DISCUSSED THEM WITH MY PRACTITIONER. I understand that I may at any time choose to discontinue this permission and or cease treatment.



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Signature