HEMMA | SOMATIC & ENERGETIC HEALING

TRANSFORMATIVE BODYWORK PROCESSES

A COLLABORATIVE PROCESS

This form of transformative bodywork is based on active collaboration between you and me. The focus is on learning through your body – with the aim of gaining greater access to your potential, your capacity for regulation, and your physical and emotional recovery.

THE FOUNDATION OF OUR WORK

The more actively you engage in the process, the more sustainable the changes can be. At the beginning, we define a goal together, which can be refined as the process unfolds.

- Deepen body awareness
- Release tension
- Regulate the nervous system
- Develop presence and inner calm

PLEASE NOTE

This work does not replace medical or psychiatric treatment. Medication and ongoing treatments should only be changed in consultation with your treating physician.

INFORMATION & CLIENT FORM

GOALS & APPROACH

WHAT WE MAY EXPLORE

If you feel stuck in certain areas of your life, the work can focus on recognising and releasing recurring patterns. These often show up as:

- physical tension
- stagnant emotions
- numbness or inner emptiness
- recurring thoughts or fears

These patterns are often connected to unprocessed experiences or stress responses in the nervous system. Releasing them can create space for greater wellbeing, trust, emotional stability, and new ways of responding. Alternatively, the focus may be on bringing a specific goal or project into action.

HOW DO WE WORK?

The work combines mindful touch, conscious breathing, body awareness, and conversation. In this way, unprocessed experiences can be integrated, freeing up energy that becomes available to you again. Exercises for home practice can be provided if desired.

RECOMMENDATIONS FOR THE PROCESS

- Share any relevant physical or emotional changes
- Avoid heavy meals for about 2 hours beforehand
- Allow time for integration after the session
- Wear comfortable clothing and shoes
- View the process as development – not only as problem-solving

ENERGETIC INTEGRATION

Change does not happen only on a cognitive level. Give your body and nervous system time to process and embody new experiences.

FRAMEWORK FOR OUR WORK

DURATION OF THE PROCESS

The duration is individual and depends on your intention, the intensity and duration of your symptoms, and your willingness to participate actively. As a general guideline, an initial change should become noticeable within about 4 weeks of regular sessions. If this is not the case, we will evaluate the next steps together. Either of us may end the process at any time.

STRUCTURE

- Weekly individual sessions
- Optional exercises for home practice
- Intensive format: 2 sessions per day over 2–5 days

The intensive format is recommended for focused process work or for clients travelling from outside the area.

CANCELLATIONS

Appointments may be cancelled up to 48 hours in advance on working days. Cancellations made later will be charged. Exceptions apply in cases of illness or emergency.

PAYMENT

- €90 per session
- Payment in cash or by bank transfer
- Invoices are sent by email

CONFIDENTIALITY

All information provided in this form will be treated confidentially.

HEALTH QUESTIONNAIRE · PART 1

Have you been diagnosed with an infectious disease?

☐ Yes ☐ No

If yes, which one? (e.g. hepatitis C)

Have you been diagnosed with a life-threatening illness?

☐ Yes ☐ No

If yes, which one?

Have you ever had surgery?

☐ Yes ☐ No

If yes: when and in which area of the body?

Have you ever had an accident?

☐ Yes ☐ No

When did it occur and what injuries did you sustain?

Do you experience chronic physical symptoms?

☐ Yes ☐ No

Since when and in which area of the body?

HEALTH QUESTIONNAIRE · PART 2

Do you have a heart condition?

☐ Yes ☐ No

Since when?

Do you have a blood pressure imbalance?

☐ Yes ☐ No

Please briefly explain.

Do you have diabetes?

☐ Yes ☐ No

Since when?

Do you have a glandular or endocrine condition?

☐ Yes ☐ No

Which one (e.g. thyroid) and since when?

Do you have an autoimmune condition?

☐ Yes ☐ No

If yes, which one?

Do you have osteoporosis or another bone condition?

☐ Yes ☐ No

Since when?

HEALTH QUESTIONNAIRE · PART 3

Do you have any limitations in your vision, hearing, or mobility?

☐ Yes ☐ No

Please briefly explain.

How would you describe your alcohol consumption?

☐ High ☐ Frequent ☐ Regular ☐ Occasional ☐ None

Do you currently use recreational drugs, or have you done so in the past?

☐ Yes ☐ No

If yes: which substances and how often?

Have you ever experienced an eating disorder?

☐ Yes ☐ No

What type and when?

Do you take medication regularly?

☐ Yes ☐ No

Which medication and at what dosage?

Are you pregnant?

☐ Yes ☐ No

PSYCHOLOGICAL SUPPORT

Are you currently receiving, or have you received in recent years, psychological or psychiatric treatment?

☐ Yes ☐ No

What type of therapy was it, and for how long?

Is there any other physical, emotional, or medical information that may be relevant to our work together?

What is your current intention or goal for this process?

CONSENT DECLARATION

- ☐ I have read and understood the information about transformative bodywork processes with Hemma Seifried.
- ☐ I understand that this work does not replace medical or psychotherapeutic treatment and does not provide diagnoses.
- ☐ I will continue any ongoing medical or therapeutic treatment independently and will make changes only in consultation with my treating physician.
- ☐ I confirm that the information I have provided is complete and accurate, and I will inform Hemma Seifried of any relevant changes in my health.
- ☐ I understand that there is no entitlement to begin or continue a process and that either party may end our work together at any time.

First and last name

Street, postal code, and city

Phone and email

Age

Occupation

Date

Place

Signature

DATA PROTECTION & RETURN

- ☐ I expressly consent to Hemma Seifried – Hemma | Somatic & Energetic Healing – processing the health data contained in this client form to assess my suitability and to prepare for and conduct the session safely. My information will be treated confidentially and stored locally on a password-protected computer. This consent is voluntary and may be withdrawn at any time with effect for the future by email. Further information: lightforceactivation.de/datenschutz

RETURNING THE FORM

Please email the completed client form as a password-protected PDF to hello@lightforceactivations.de and share the password through a separate communication channel.