

New Client Intake Form



JumpOffPoint.net

Disclaimer: Jump Off Point International life and business consulting, mentoring, and coaching, ThetaHealing®, EFT, and other modalities used provide impressive results for most people but there is no guarantee they will achieve your goals or be as beneficial as they are for most people. Please consult your own physician and/or therapist regarding your participation.

I have requested services with Jump Off Point International, LLC, further referred to as JOPI. I understand that Marla Ballard and JOPI are not licensed medical doctors, practitioners or therapists. This consulting session is not meant to diagnose or treat any disease, but rather it is intended to provide information that will promote the conditions under which natural healing skills and abilities are strengthened. It is designed to give insights into innate healing potential and guide toward a healthier and more balanced lifestyle. I also realize that the sessions are for increasing coping skills, teaching how to manage stress in creative, healthy ways and to help eliminate unhealthy habits.

I certify that my participation is of my own free will and I accept complete responsibility for my well-being at all times. **I further certify that I am a healthy individual and that I am physically and psychologically fit to fully participate**, and I know of no reason, nor have I been informed by my physician or psychologist of any reason, why my participation would do me harm of any nature. I agree to release and hold harmless JOPI and all of its affiliates from any claim arising out of any portion of these sessions in which I am voluntarily participating, including any claim for physical and/or mental injury to myself, whether caused by negligence or otherwise. I also understand that although these sessions may raise emotional issues, it is not intended to provide a therapeutic environment or be a substitute for ongoing counseling or psychotherapy. Resolution of any issues which may surface, and which may warrant counseling will be my sole responsibility and will be undertaken in my sole discretion and at my own expense. I am clear that I am not being treated for specific medical problems.

I clearly understand that all services rendered to me are to be **paid in full directly before our session at the time of booking.**

For further sessions I shall give the office coordinator a minimum of 24 business hours notice in the event of a cancellation. I understand if I fail to comply, I shall be charged the amount of service scheduled. I also take responsibility for being on time for my appointment, and I shall be charged for the full scheduled appointment time.

Business Consulting, Mentoring, Coaching, ThetaHealing®, EFT and any other consultation or energy healing sessions are kept strictly confidential between the client and practitioner.

I, the undersigned, have read all the above paragraphs and understand and accept the policies as stated, as well as acknowledge Notice of Privacy Practices.

Client signature

Date

*Parent/Guardian signature

Date

Please email this form to: Marla@JumpOffPoint.net

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703.587.1985

RELEASE STATEMENT

I, _____,

Residing at _____, hereby authorize Marla Ballard, Consultant, and EFT and ThetaHealing® Practitioner/Instructor to act as a personal and business consultant, mentor and/ or coach for me for the purposes outlined in my Intake Interview Form, and for any other future purposes that I may request. I understand that the success of my consulting and other sessions depends greatly on my own ability and desire to affect change in myself. I understand that the results of my sessions depend greatly on my own serious participation, and that JOPI and Marla Ballard cannot offer any guarantee of the success of our work together. I am aware, however, that Marla Ballard and JOPI make every reasonable effort to ensure my success. I also understand that I have other choices from which to seek assistance regarding my specific concerns, and I have chosen consulting, mentoring, energy healing, and coaching, at this time.

Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

Email Address _____

Date of Birth: _____ Sex: _____ Marital Status: _____

of Children: _____

INITIAL: _____

| QUESTIONS | ADDITIONAL INFORMATION | | |
|---|------------------------|----|---|
| Occupation | | | |
| How Did You Hear About Us? | | | |
| Reason for Visit | | | |
| Have you had any serious illnesses or injuries? | | | |
| | YES | NO | |
| Has anyone ever tried to hypnotize you? | | | For what purpose? |
| Do you believe you were hypnotized? | | | Please explain. |
| Generally, how did it go for you? | | | |
| Any previous attempt to address this issue? | | | Results? |
| Are you currently taking any medications? | | | If yes, please list medication and purpose. |
| Have you had any negative side effects from the medication? | | | If yes, please explain. |
| Do you smoke or use tobacco?, | | | How much do you consume daily? |
| Do you consume alcohol? | | | How much do you consume daily? |
| Are you currently taking any mood-altering drugs (Valium, Xanax, etc.)? | | | How much do you consume daily? |
| Do you currently use food to release tension? | | | How much do you consume daily? |
| Do you have questions about hypnosis or coaching? | | | |
| What have you tried before? | | | What was the result? |
| Are you ready to change today? | | | |

INITIAL: _____

Additional comments/questions:

PHYSICIAN & MEDICAL HISTORY:

| QUESTIONS | YES | NO |
|--|-----|----|
| 1. Are you currently undergoing medical or psychological treatment? | | |
| 2. Have you been under a doctor's care in the past year? | | |
| 3. Have you been treated for emotional problems w/in the last five years? | | |
| 4. If yes to the above, are you currently receiving treatment or counseling? | | |

If are currently receiving treatment or counselling, please request a referral letter from your physician to fill out and sign.

Dr. Name _____

Phone #: _____

I hereby certify that the above statements are true and correct to the best of my knowledge

Signature: _____

Date: _____