

# Life Coaching with Patti - Medical Questionnaire

First Name\*

Last Name\*

Email\*

Phone

DOB\*

Please select all that apply. Identifying these areas do not automatically prevent you from the ability to work with Patti.

I have or am managing:

Anxiety   Depression   Schizophrenia   Bipolar disorder   Borderline personality disorder

Other \_\_\_\_\_

If you answered yes to any of the above questions, please elaborate.

If Yes, are you working with a licensed therapist, psychologist and/or psychiatrist? \*

Yes   No   N/A

Last Appointment:

Next Appointment:

I declare that the information I have provided is accurate and complete.

INITIALS\* \_\_\_\_\_

Date \_\_\_\_\_

## **Reschedule/Cancellation Policy**

In the event you (client) need to reschedule or cancel your session, you can do so without penalty if Patti Porto is notified 24 hours prior to the session. To reschedule you will need to email Patti directly at [pattiporto25@gmail.com](mailto:pattiporto25@gmail.com).

If you have previously paid for the session it will remain as a credit on your account and will be applied to your rescheduled session. Do NOT reschedule through the site.

In the event you do not want to reschedule your deposit will be refunded in 3-5 business days to the original form of payment.

In the rare event of excessive scheduling, (i.e., 3 times in 30 days) Patti will discuss your commitment to proceed with the process at this time. To pause is perfectly fine. You will discuss what happened and explore options. Remember Patti is here to guide you.

I agree with the terms of this reschedule/cancellation policy.

INITIALS\* \_\_\_\_\_

Date \_\_\_\_\_