



NEW CLIENT FORM

Last Name (please print)	First Name	Middle Initial
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Address

Work Phone	Home Phone	Birthdate
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M / F	Marital Status	Occupation
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Have you ever been treated for an emotional problem? Yes / No

If Yes, please explain:

Do you suffer from (circle), Diabetes - Epilepsy - Heart Disease - Psychosis - Acute Psychological episode - Digestive Problems - Depression - High Blood Pressure - Insomnia - Memory Loss ?

Do you have any allergies? Yes / No

If yes, please explain:

What do you wish to accomplish in this / these session(s) ?

Any previous efforts to make this change? Yes / No

Results?

Do you have any fears or phobias?

I realize that Willie Piggee is an educator, unconscious coach, not a medical doctor or psychologist, and cannot diagnose disease, prescribe, or treat medical conditions or severe disorders. I understand that the coaching and training I am receiving from Willie Piggee is not a substitute for routine medical care. I have been advised to discuss this procedure with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular physician for treatment of any new or old illnesses. I am willing to be guided through various methods, including relaxation, visual imagery, creative visualization, hypnosis, Emotional Freedom Techniques (EFT), and stress reduction processes for the purposes of vocational or avocational self-improvement. I also agree that Willie Piggee or myself may terminate this relationship at any time for any reason.

I realize that although Willie Piggee has considerable training experience, the training and insights he provides are not a cure. I accept that I am paying for his time, expertise, and insights, irrespective of any particular result.

I further agree to the payment for this session, which will be approximately 30 to 90 minutes in duration, and agree to pay 24 hours in advance.

Signature: _____

Date: _____ / _____ / _____

The name I like to be called:
