

**Conscious Completion, Inc.** Laurel Anderson-Rostami, MA, ABS  
34405 Columbine Lane Polson, MT 59860 \* (425) 572-0224 \* consciouscompletion.com

## **Wellness Coaching Contract**

### **Purpose**

To grow individual and systemic wellbeing, neutralize emotional blocks and trauma, support optimal health, develop empowering belief systems and increase clarity for all issues presented. All sessions are confidential.

### **Quality of service** (Please initial)

\_\_\_\_\_ When I give my opinion or advice you are responsible for deciding how it fits for you and what is your truth. You will decide the pace of our work and what you need me to help you with. I will help as much as you allow me. I trust your process is what is best for you. I am responsible for challenging you, giving you supportive information and interrupting you when I need to install new patterns or pathways of ease in your nervous system.

\_\_\_\_\_ If you feel I have behaved in an unprofessional or unethical manner, please advise me so that we can talk about it and clarify or resolve the situation. I am open to feedback and I appreciate it. Although you are free to terminate the sessions at any time, it is my request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled session.

### **Appointments** (Please initial)

\_\_\_\_\_ Sessions are \$225 per hour unless we arrange otherwise. If you are late for a session, you will have the remainder of your scheduled time and be charged for the full session. If I am late, you will receive your full session even if I need to make it up with you later. For your first session please email or mail all forms with payment to reserve your session.

\_\_\_\_\_ At your session time please call: 425-572-0224. The session will start at the booked time even if you call late. If you do not reach me leave a message confirming the number you wish me to call. I will call back or attempt to email if there are technology issues. For Skype sessions, my ID is Conscious Completion. WhatsApp is more confidential, so this is my preference for international calls and video conferencing.

**Safety and Boundaries** (Please initial)

\_\_\_\_\_ Communicating information related to our sessions in emails and over the phone outside our contracted time is **not** preferred. It can lead to miscommunication and it can push the boundaries of the relationship. Please keep a log for questions that come up between sessions so the material can be properly handled within the session. If you need to book additional time between sessions call for an appointment even if it is short notice.

\_\_\_\_\_ If you feel an emotional or physical crisis or illness prior to or after the session this is usually a result of issues coming to the surface to process in the session or a detox because of the processing work in your session. Options are to book additional time with me, connect with support, implement guidance and homework from our sessions as well as your physician and/or local counselor. Drinking plenty of water, resting, journal writing, setting boundaries and eating well are important to ease detox.

\_\_\_\_\_ I understand these sessions may simulate emotional issues and I am responsible for seeking a counselor in my local community if need be. I understand healing happens layer by layer and physical illness or emotional sensitivity may temporarily increase because of these sessions.

**Conscious Completion, Inc. Wellness Coaching Consent**

I have read Conscious Completion, Inc.'s Wellness Coaching Contract and I understand it. I have asked any questions I needed answered. I agree to the service provided in these contracted appointments. **I agree to pay for services provided and for appointments canceled without 24 hours' notice.**

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: hm \_\_\_\_\_ cell \_\_\_\_\_ wk \_\_\_\_\_

Email \_\_\_\_\_ DOB: \_\_\_\_\_

**May I leave messages on your phones?** \_\_\_\_\_ **May I text you?** \_\_\_\_\_

## **Conscious Completion, Inc. Financial Responsibility Agreement**

(Please initial):

\_\_\_\_\_ **Appointments** ~ Payment reserves your session. If additional time is needed and available payment is due following the session. Additional time is prorated based on the hourly rate of \$225. Sessions shorter than 60 minutes are available upon request.

\_\_\_\_\_ **Cancellation or Rescheduling Policy** ~ If you need to cancel or reschedule an appointment, please cancel by phone (425-572-0224) or text and provide at least 24 hours' notice so you can receive a full refund for the session. I will confirm receiving your notice. This is a firm cancellation policy.

\_\_\_\_\_ **NSF** ~ Checks or credit card payments denied will be charged a \$25 processing fee.

\_\_\_\_\_ **Finance charges** ~ \$20.00 per month is added to any unpaid balance over one month old.

\_\_\_\_\_ **Credit cards and direct back depositing** ~ To use your credit card click on Paypal on the Investment page of my website. **You are responsible for Paypal fees. For Free payments use Zelle located on the same page. Please send payments to: landersonr@aol.com (remember the "r" after anderson).**

\_\_\_\_\_ **Additional Contacts and work outside the session** ~ If you should need to contact me outside of our scheduled time, you will be billed at my prorated hourly fee. **Exceptions to this policy include any contact required for scheduling, confirming or canceling appointments.** I charge my prorated hourly fee for my time with such things as phone calls, **emails**, written reports, letters or any other work outside the session on your behalf.

I agree to make payment per the policies of the Conscious Completion, Inc. stated herein. In the event, it should become necessary to place for collection any unpaid balance, I agree to pay collection fees, attorney fees, filing fees and any other costs the court determines proper. I have read or have had satisfactorily explained to me Conscious Completion, Inc. Financial Responsibility Agreement and I understand it. I have asked any questions that I had about this.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Conscious Completion, Inc. Intake Information**

**What goals or wishes do you have for our work together?**

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**Outpatient procedures/hospitalizations, major illness/emotional or physical.**

**Underline any experienced item:** Stitches \* Needles \* IVs \* Exploratory exams \*  
Other (Please **do not** list details only type and date)

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**Dental procedures.** **Underline any experienced item:** Wisdom teeth removal \*  
Fillings \* Root canal \* Other Dental procedures:

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**What do you want?**

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**Trauma/Accidents. Underline any experienced item:** Fall \* Sports Injury \*  
Near drowning/suffocation \* life threatening illness/high fevers \* Poisoning \* Fetal  
Distress/birth complications \* Prolonged immobilization \* Bullying \* Animal attacks  
\* Family violence \* Witnessing violence (live/vicariously through video games/tv) \*  
physical and sexual abuse and neglect \* Threat of terrorist attack \* Kidnapping Divorce  
\* Death of loved one/pet \* separation \* Being lost \* Theft \* Disaster related to  
possessions \* Natural Disasters (fires, earthquakes, floods, tornadoes, hurricanes,  
volcanoes and tsunamis) \* Exposure to extremes of temperature.

Other: \_\_\_\_\_  
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**What is working well in your life? What do you like about your community, work,  
family and yourself?**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How do you like to exercise and is there anything you want different in your  
relationship with exercise?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your sleep habits?**

How many hours per night? \_\_\_\_\_ Do you take naps? \_\_\_\_\_ Do you take breaks during  
the day? \_\_\_\_\_ What is your energy level like? \_\_\_\_\_ What is your  
stress level? \_\_\_\_\_

**What are your diet habits and is there anything you want different in your  
relationship with food? Alcohol? Drugs?**

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**What is your current significant relationship like?**

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Length \_\_\_\_\_

Children? \_\_\_\_\_ Names/Ages? \_\_\_\_\_

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**Please list vitamins/herbs/supplements/medication that you are taking now:**

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**Are there any areas of your life you wish to change or grow in?**

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**What are you afraid of:**

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**Is there anything you constantly tell yourself that limits you:**

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**What are you grateful for:**

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**Is there anything else that you think would be good for me to know about you?**

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**What are the unresolved generational patterns, events or trauma:**

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**What do you do for Fun:**

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Who referred you? \_\_\_\_\_ May I thank them? \_\_\_\_\_