

Conscious Completion, Inc Transgenerational Clearing Contract (TCC)

Laurel Anderson-Rostami, MA, ABS * Mail to: 34405 Columbine Lane Polson, MT 59860

Quality of service (Please initial)

1. ____ 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 am responsible for providing transgenerational clearing, guiding you in new ways of being, giving you supportive information, coaching you on how to create your new energetic field, and facilitating regulation of your nervous system. All sessions are confidential even if I work with other family members. I provide all this work within the contracted sessions; I do not take emails or calls between sessions (see #10 for exceptions).
2. ____ If you feel I have behaved in an unprofessional or unethical manner, please advise me so we can talk about it and clarify or resolve the situation. I appreciate your feedback. You are free to terminate the sessions at any time and reconvene at any time. There are no promises of effects or outcomes with Transgenerational Clearing sessions or any of the consciouscompletion.com resources or offerings.

Appointments (Please initial)

3. ____ Sessions are \$275 per hour or what is noted on the website. **Pacific time bookings are done online.** After-hours sessions are \$295 per hour. After-hours is any time not listed in the online booking calendar and made directly with Laurel (text or email).
4. ____ **Payment is due with paperwork. Future bookings require payment with booking.** Payment options are on the Fee page. If you are late for a session, you will have the remainder of your scheduled time for the full session fee. If Laurel is late, you will receive your full session even if it needs to take place at another time.
5. ____ Scanned Transgenerational Clearing Contract needs to be received by our office for review **prior to booking** and **mailed to address above** for use during sessions.
6. ____ At your session time **call: 425-572-0224**. If you do not reach Laurel leave a message confirming your number. Laurel will call or attempt to email if there are technical issues. This number is for phone sessions or texting for after-hours booking. If your phone line is not working send Laurel a Zoom link and communicate this with a text or email. Since video is distracting for this internally focused work, it is recommended that Zoom sessions be audio only.
7. ____ I agree to pay for appointments canceled without 24 hours' notice and understand these appointments will become a Clearing Elixir for the contracted session time.

Safety, Boundaries and Finances (Please initial)

8. ____ I understand physical detoxification or emotional sensitivity may temporarily increase once I contract with Laurel and prior to or after sessions. Listening to the Master Pack Audio Tracks can help with these shifts. I receive any necessary medical or other licensed therapeutic support before and between sessions.
9. ____ **I have read the "Free Intake Session" page.** I prepare for sessions by re-reading the **Free Intake Session**, filling out a Pre-Session Form and reviewing the Sensation Form. **Any concerns, questions, information, or clarifications prior to my first session or between sessions are noted on the Pre-session form and brought up at my session time.**
10. ____ I do not call or email between sessions except for **questions or clarification regarding scheduling, confirming or canceling appointments or questions about contracts.** Answers to questions about this work are listed on the Free Intake Session page.

11. ____ If I use PayPal or Venmo I pay any included fees. **Send Zelle or Venmo** (username Laurel Anderson-Rostami) **to 425-572-0224**. NSF Checks or disputed/denied credit card payments will be charged a \$30 processing fee and all services for these dates will need to be paid in full. \$20.00 per month is due for unpaid balance over one-month old. Completed sessions and audio tracks are not refundable.

12. ____ I certify that I am maintaining a sound mind, competent mental capacity. I understand this work is not meant to replace my doctor, all current or future medical care or any other care deemed necessary by my doctor(s). It is recommended that all illnesses and disease be addressed with my doctor.

13. ____ Laurel Anderson-Rostami, MA, ABS and Conscious Completion, Inc. are in support of conventional medical treatment, evaluation, diagnosis, prescriptions, or other licensed health care and agree that these are not to be modified, suspended, stopped, or replaced with Transgenerational Clearing. Laurel Anderson-Rostami, MA, ABS and Conscious Completion, Inc. do not assume responsibility for any medical or health condition that you have or may have in the future.

Conscious Completion, Inc. Transgenerational Clearing Consent

I have read Conscious Completion, Inc.'s Transgenerational Clearing Contract and I understand it. I have asked any questions I needed answered. I authorize and consent to participate with all current and future Transgenerational Clearings, Clearing Elixirs and services provided in these contracted appointments. On behalf of myself, my heirs, representatives, successors, and assigns, I release and waive all claims in connection with this Transgenerational Clearing that I or they now have or may have in the future against Laurel Anderson-Rostami, MA, ABS, Conscious Completion, Inc., assistants, employees or anyone otherwise involved.

Name: _____

Signature (No typing): _____ Date: _____

Address: _____

Phone: HM _____ WK. _____ Cell: _____

Email: _____ DOB: _____

May I leave messages on your phones? _____ May I text you? _____

Preferred way of communicating: _____ May I email you, my newsletter? _____

Thank you for your time filling this out and answering the questions below. Everything you provide I read and use. Please provide an outline rather than details. The more you outline the more help I have in making necessary connections for the clearings. There is extra space on page 6. I hold this information sacred, and it is confidential.

What changes, wishes or goals do you want to manifest in this work & your life?

Issues your referring doctor/practitioner wishes me to address: _____

Underline any experienced items. Only list type and approximate date.

Falls/Sports Injury:

Life Threatening Illness/High Fevers:

Poisoning/Vaccination Complications:

Fetal Distress/Birth Complications:

Hospitalization/Prolonged Immobilization:

Bullying/Family Violence/Witnessing Violence/Animal Attacks:

War/Physical Abuse/Verbal Abuse/ Sexual Abuse/Neglect (misuse of power, oppression, brain washing, gaslighting, chaos, self-loathing, projected shame, persecution, hate crimes, torture, racism, shunning, stigmatization, scorn, hidden away, shut down, personal power blocked):

Threat of Terrorist Attack/Kidnapping/Being Lost/Loved one or pet lost:

Divorce/Death of Loved One or Pet/Separation/Suicide/Survivor's Guilt:

Theft/Disaster Related to Possessions/Immigrant/exile:

Natural Disasters (Fires, Earthquakes, Floods, Tornadoes, Hurricanes, Volcanoes and Tsunamis):

Accidents (Car, etc):

Wisdom teeth removal/Fillings/Root canal/Other Dental procedures:

Stitches/Needles/IVs/Exploratory exams/Surgery:

Addiction (drug, alcohol, food, money, sex, codependency, screens/internet, work, thinking):

Exposure To Extremes of Temperature/Others:

Is there anything you want different in your relationship with exercise? Work?

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 causes your stress? _____

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

What is your current significant relationship like? _____

Length _____ Children? _____ Names/Ages? _____

Please send tx plan of vitamins/herbs/supplements/medication you are taking now or list here. (For future sessions email tx plan after meeting with your doctor). _____

What word do you use for your Higher Power? _____

What are you afraid of: _____

Is there anything you constantly tell yourself that limits you or limiting beliefs? _____

Please circle what applies in immediate family or generationally: suicide, incest, murder, rape, abortion, miscarriages, suffocation, drowning, infidelity, alcohol abuse, drug abuse, famine, eating disorders, religious persecution, strangulation, interrogation, torture, plagues, physical deformities, twin loss, death of child, racism, slavery, theft or other _____ **People involved** _____

Physical illness _____

Mental illness_____

Please outline illness, major life events, death from & your relationship with:

Mother_____

Maternal Grandmother_____

Maternal Grandfather_____

Father_____

Paternal Grandmother_____

Paternal Grandfather_____

Siblings/adopted siblings_____

Stepparents, biological family if adopted and/or people considered family/significant impact on family (pls add additional information on page 6). _____

What are the unresolved generational patterns, events, secrets (confidential form) or trauma: _____

Where are your father's ancestors from (countries)? Pls add biological if adopted. _____

Where are your mother's ancestors from (countries)? Pls add biological if adopted. _____

Any family issues where a family member or friend died before it was resolved (including dying in fear, pain, conflict, accident, or war):

Anyone in your family who is not included or anyone you do not include in your family that is considered family or situations where someone was cut off/excluded:

Situations is in your life where you were excluded, or you excluded someone else:

Anything you feel like you need to scream about:

What are the ways you feel cut off or disconnected from your community or life dreams?

Who referred you? _____ May I thank them? _____ # _____

Additional information or anything I need to know that has not been addressed:

Thank you for trusting me with this Transgenerational Clearing work!