

# 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, and coaching you on how to create your new energetic field. 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 been unprofessional or unethical or you become uncomfortable with any part of the process, 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. \_\_\_ Weekday sessions are \$250 per hour or what is noted on the website. Weekend/after-hours sessions are \$275 per hour or what is noted on the website. **The first session is \$275 for 1 hour and \$90 for the Master Pack Audio Tracks. Pacific time bookings are made online except for after-hours bookings with Laurel.**
4. \_\_\_ **Payment is due with bookings.** Payment options are listed 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 original **mailed to the 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 booking directly with Laurel. If your phone line is not working send Laurel a Zoom link and communicate this by text or email. Since video is distracting for this 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 (please submit a Clearing Elixir Agreement to prepare for this possibility).

## 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. This emotional sensitivity and detox is my responsibility to take care of medically and any other way deemed necessary.
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. \_\_\_\_ All work on my behalf is done in sessions. Please do not call or email between sessions. **Exceptions to this policy include scheduling questions, confirming, or canceling appointments or questions about this contract.** Answers to questions about this work are listed on the Free Intake Session page.

11. \_\_\_\_ If I use PayPal or Venmo I pay any PayPal or Venmo fees. **Send Zelle or Venmo** (username Laurel Anderson-Rostami) **to 425-572-0224.** All fee information is on the Fee page. 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.

12. \_\_\_\_ I certify that I am maintaining a sound mind, competent mental capacity and understand I am responsible for seeking a licensed counselor and doctor if I need this help. I understand this work is not meant to replace my doctor, all current or future medical care, prescriptions, evaluations, diagnosis, prognosis, or any other care deemed necessary by my doctor(s) or licensed health care providers.

13. \_\_\_\_ Laurel Anderson-Rostami, MA, ABS and Conscious Completion, Inc. are in support of conventional medical treatment, evaluation, diagnosis, prescriptions, and 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 agree to pay for appointments canceled without 24 hours' notice and agree to receive a Clearing Elixir in these situations. 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 any and 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 answering the questions below which I use at every session. 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?**

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**Issues your referring doctor/practitioner wishes me to address:** \_\_\_\_\_

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**Underline any experienced items and note any additions.** 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):

**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:

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(or adopted for all family noted here) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 from adoption or **anything I need to know that has not been addressed:**

**Thank you for trusting me with this Transgenerational Clearing work!**