

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 energetic connections to 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. Weekend sessions are \$275. 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. If you need an urgent appointment between 5:30-8:30pm PST, the fee is \$275. Please mail these intake forms to the address above and include a \$225 payment to reserve your first session. For future sessions please make sure I receive your payment at least one day prior to your session.

_____ At your session time please call me: 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 international calls I use WhatsApp which is more confidential than Skype.

Safety and Boundaries (Please initial)

_____ Please keep a log for questions and information from your doctor, etc., that come up between sessions so the material can be presented within your session. If you need to book additional time between sessions call for an appointment even if it is short notice. Communicating session information in emails and over the phone outside our contracted time disrespects these professional boundaries.

_____ 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, meditation on beneficial shifts, 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 for regular bookings. Weekends bookings and sessions between 5:30-8:30pm PST are prorated at the hourly rate of \$275. Sessions shorter than 60 minutes are available based on these prorated rates.

_____ **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. If I receive your email regarding a cancelation and reply to it prior to the 24 hours this is also acceptable. I do not check email as often as texts and calls. In every situation 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, filling 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, wishes or wants do you have for our work together?

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)

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

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: _____

What is working well in your life? What do you like about your community, work, family and yourself?

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?

What is your current significant relationship like?

Length_____

Children?____Names/Ages?_____

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

What are you afraid of:

Is there anything you constantly tell yourself that limits you:

What are you grateful for:

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

What is your ethnicity? _____

What are the unresolved generational patterns, events or trauma:

What do you do for Fun:

Who referred you? _____ May I thank them? _____