

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

Wellness Coaching Intake Form Contract

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 am responsible for providing transgenerational clearing, guiding you in new ways of being, giving you supportive information, interrupting you when I need to install new neural pathways, coaching you on how to create your new energetic field, facilitating regulation of your nervous system and acknowledging generational information you need to know for your awareness and healing. All sessions are confidential even if I work with other family members.

_____ 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 am open to feedback and I appreciate it. You are free to terminate the sessions at any time and reconvene at any time. There are no promises of effects or outcomes with Wellness Coaching sessions.

Appointments (Please initial)

_____ Sessions are \$250 per hour or what is noted on the website. Weekend sessions or after-hours sessions are \$275 per hour. **Bookings are in Pacific time and done online. Payment for your session is due when you book your session.** If you are late for a session, you will have the remainder of your scheduled time for the full session fee. If I am late, you will receive your full session even if I need to make it up with you later.

_____ Wellness Coaching Intake Form needs to be received by our office **prior to booking and at least 24-hours prior to your first session.**

_____ At your session time call: **425-572-0224**. If you do not reach me leave a message confirming the phone number you wish me to call. I will call back or attempt to email if there are technical issues.

Safety, Boundaries and Finances (Please initial)

_____ I understand physical detoxification or emotional sensitivity may temporarily increase prior to or after sessions. 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 Wellness Coaching. 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.

_____ I have fully read the “Free Intake Session” page of consciouscompletion.com.

_____ I certify that I am maintaining a sound mind, competent mental capacity and understand I am responsible for seeking a licensed counselor in my local community if I need this help. 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.

_____ I will bring up all questions/comments inside the session. Any work on my behalf outside sessions including answers questions will be billed at a pro-rated hourly fee including preparation of billing statements. **Exceptions to this policy include scheduling questions, questions about services and confirming or canceling appointments.**

_____ If I use PayPal, I pay any PayPal fees. **Send Zelle or Venmo to: 425-572-0224.** NSF Checks or credit card payments denied will be charged a \$25 processing fee and will need to be paid in full. \$20.00 per month is due for unpaid balance over one-month old.

Conscious Completion, Inc. Wellness Coaching Consent

I have read Conscious Completion, Inc.'s Wellness Coaching Intake Form Contract and I understand it. I have asked any questions I needed answered. **I agree to pay for appointments canceled without 24 hours' notice.** I authorize and consent to participate with all current and future Wellness Coaching 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 Wellness Coaching 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 to communicate: _____

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

Contact info or items your referring doctor wishes me to address:

Conscious Completion, Inc. Intake Information

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

Underline any experienced item: Stitches * Needles * IVs * Exploratory exams * Other (Please **do not** list details only type and date) Outpatient procedures, hospitalizations, emotional or physical illness: _____

Wisdom teeth removal * Fillings * Root canal * Other Dental procedures: _____

Falls * 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 * Violent Video Games/TV * Physical Abuse * Verbal Abuse * Sexual Abuse * Neglect * Threat of Terrorist Attack * Kidnapping * Divorce * Death of Loved One/Pet * Separation * Being Lost * Theft * Disaster Related to Possessions * Immigrant/exile * Natural Disasters (Fires, Earthquakes, Floods, Tornadoes, Hurricanes, Volcanoes and Tsunamis) * 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 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? _____

Please list vitamins/herbs/supplements/medication you are taking now. Please email tx plan when updated.

What are you afraid of: _____

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

Where are your ancestors from (countries)?

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

Please circle all that apply in your immediate family or lineage: suicide, incest, murder, rape, abortion, miscarriages, suffocation, drowning, infidelity, war, alcohol abuse, drug abuse, famine, eating disorders, religious persecution, strangulation, interrogation, torture, plagues, physical deformities, racism, slavery, theft or others: _____

Physical illness: _____

Mental illness: _____

Please outline the personality/illness, including any stepparents/adopted siblings:

Mother _____

Grandmother _____

Grandfather _____

Father _____

Grandmother _____

Grandfather _____

Siblings _____

Stepmother/Stepfather _____

People considered family/significant impact on family _____
