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| **Be Well 360, LLC** | **New Client Contract** |
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| CONTACT  Phone logo **PHONE** **602.717.2885**  Email logo **EMAIL** BeWell360LLC@Outlook.com  Website logo www.BeWell360.com | |  | | --- | |  |   I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have hired, \_\_\_Be Well 360, LLC\_\_\_ for the following services:   |  | | --- | | Service(s) Requested:  Examples:   * Spiritual Coaching * Wellness Coaching * Energy Work * Coaching And Energy Work   Enter Your Service Here:  Intention: (Please Provide A Brief Description Of Your Intentions For Yourself With Be Well 360. Example: Stress Management) |   \_\_\_\_ It Is Understood: I will be responsible for paying prior to each session.  \_\_\_\_ If more sessions are needed/wanted, a new contract will be put in place.   * Additionally, it is understood that I am here for my own personal/ professional growth and change. I have made this choice today to move forward. After a thorough consultation, each session will be tailor made to fit my specific needs. Results are not guaranteed, as I am aware that the results I am seeking are based on both the support of this practice and my full participation. I do have the option to cancel the services requested at any time if paying by session OR upon the completion of a pre-paid package (**No refunds**). * I understand that at least 24-hour notice is required if I plan to cancel or reschedule an appointment. I will be charged for the full session if proper notice is not provided. * All services provided are in NO way meant as a substitution for any current physical therapy, psychotherapy, counseling or medications being taken. All services are designed to serve as a support to those in need in order to live in the present and create actions to move forward. * I understand the coach/client partnership is to assist in client efficacy, and autonomy growth, and is done so by limiting contact to scheduled sessions. Questions and/or concerns in between sessions may be emailed at any time to the coach, and answered during the next scheduled session. * I understand if I am in distress or have an emergency, I will immediately call 911. * I understand that by participating in this experience, I hold this practice and its network of practitioners harmless for any incidents or injury that may occur. I am electing to participate in the requested services and have been made fully aware of what is required of me. * I understand that the coach/client partnership is a professional partnership and agree to stay within the professional parameters of this partnership. * I understand going outside of the professional parameter or behaving in an inappropriate manner is cause for contract termination. * • I understand that if at any point it is determined that I am a harm to myself or to others, I will be reported to the proper authorities and this partnership will be terminated.   Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Guardian (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ |