



# LymeTime

Vector Borne Illness Coaching & Advocacy

832 2<sup>nd</sup> Ave. NW

Hickory, NC 28601

828-328-4673

lizashaw@powertothrive.com

## COACHING/CONSULTING INTAKE FORM

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Gender/Pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Cell Landline Work

### Relationship Status:

Single Engaged Married Separated Divorced Widowed Other

If engaged, married, separated, divorced or widowed: for how long? \_\_\_\_\_

Number of previous marriages for you: \_\_\_\_\_ For spouse: \_\_\_\_\_

If married, spouse's name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation/Grade: \_\_\_\_\_

Name of Employer/School: \_\_\_\_\_

Please list your children (including step, adopted, foster) below:

Name	Gender/ Pronouns	Age or yr. of death if applicable	Relationship to you	Living with whom?

Type of Residence:

Homeless

Renting

College Dorm

Own Home

Staying with Someone

Who lives in your home with you?

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Who do you consider to be your support system?

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Please list all medical problems, symptoms and diagnoses:

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What are your goals for receiving Lyme/Coinfections Consulting/Coaching/Advocacy? (use back if necessary)

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## Declaration and Disclaimer

I, the undersigned, understand that the Lyme disease coaching services offered to me by Liza Shaw are educational in nature and intended to provide me with well researched Lyme disease information. The consulting/coaching/advocacy services may include, but will not necessarily be limited to: goal setting, identifying obstacles, creating and implementing action plans, encouragement for client to advocate for themselves with medical providers.

The consulting/coaching/advocacy offered under this Agreement is acknowledged and understood to be of a strictly non-medical and non-psychological nature and is accepted solely and exclusively for instructional purposes only. Exploration of options for medical testing, treatment, diet and/or supplemental products are intended to support and balance the body with the sole intention of enhancing general health, and are not intended to diagnose, treat, cure, or prevent any disease. Nothing expressed, written, or implied should be considered as medical advice for dealing with any given medical condition. The information received cannot replace the advice or treatment of a qualified health care practitioner.

I, the undersigned, hereby certify that I fully understand and accept the above information and agree to ask for clarification on any information I do not understand. I agree to disclose all known medical conditions and have answered all questions openly and honestly. I agree to keep Liza informed of any future changes in my medical conditions and treatments. I further acknowledge that I have received a signed copy of this disclaimer for my records.

This AGREEMENT is made between Liza Shaw and the undersigned (hereinafter, known as Client)

The parties to this Agreement mutually agree as follows:

Client certifies that he/she is over the age of 18.

1. No implied warranties or representations are made other than those expressly contained herein and this document contains all of the terms of the Agreement between the parties. There are no guarantees regarding outcomes.
2. Client understands that a valid credit card must be kept on file at all times while receiving consulting/coaching services, and that this card will be charged just prior to each scheduled appointment.
3. Client further understands that non-emergency cancellations with less than 48 business hours' notice will incur the entire session fee, and that the credit card on file will be charged for this fee. Client will not dispute the charges made for a cancellation with less than 48 business hours' notice (Business hours are Monday through Friday, 9 a.m, to 5 p.m. est).
4. Client understands that a true medical emergency (such as being treated at an Emergency Department or admitted to the hospital) is the only valid reason to cancel without 48 business hours' notice and not incur a fee.
5. Client understands that Liza may terminate the coaching relationship for consistent no-shows or unwillingness on client's part, to comply with any parts of this agreement.
6. This Agreement may be executed in duplicate and a copy shall be considered as effective as an original.
7. Client understands that all information provided will be kept confidential and not shared with others.

I have read this form in its entirety including the declaration and disclaimer sections and understand the information that has been provided to me.

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Signature

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Date



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 Hickory, NC 28601  
 Phone: 828-328-4673

Websites:  
[www.PowerToThrive.com](http://www.PowerToThrive.com)  
[www.PowerToThriveRadio.com](http://www.PowerToThriveRadio.com)

**CREDIT CARD AUTHORIZATION FORM**

- Check this box if you want to make this a one-time purchase. You will receive an email link and your card will not be stored for any future purchases without your express permission. If you choose this option, you do not need to complete any other part of this form.

If you prefer to have us keep your card on file, please complete all below fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. You will receive an email link to make your current purchase for the GPL Tests, however, by checking this box, you also authorize us to store the card number in our system, to be used for any future purchases you make through us.

Credit Card Information	
<b>Card Type:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover (we do not accept AMEX)	
<b>Cardholder Name: (As shown on card):</b>	
<b>Card Number:</b>	
<b>Expiration Date (mm/yy):</b>	<b>Sec. Code:</b>
<b>Cardholder ZIP Code (from credit card billing address):</b>	

- Please keep this card on file and use whenever a service or product has been purchased. (insert name, below)

I, \_\_\_\_\_, authorize Liza M. Shaw/Marriage and Family Therapy Services, PLLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved, on file, for future transactions on my account until I request for it to be removed from the system.

\_\_\_\_\_  
 Customer Signature

\_\_\_\_\_  
 Date