Agreement & Intake Form

1. **Client Contact Information**

   - **Client Full Name:** _____
   - **Date of Birth:** _____
   - **Home Address:** _____
   - **Mailing Address** *(if different)*: _____
   - **Phone Number:** _____
   - **Email Address:** _____

2. **Emergency Contact**

   - **Name of Emergency Contact:** _____
   - **Relationship to Client:** _____
   - **Phone Number:** _____

3. **Session Background**

   - **What is the primary problem or challenge you seek to address?**

   - **What outcome or result are you hoping to achieve from our sessions?**

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4. **Practitioner Scope & Informed Consent**

Please read and initial each statement below to indicate your understanding:

- **_____ (Initial)** I understand that the PLAN Practitioner is acting in a consultative listening and facilitation of meditation capacity and neither diagnoses nor treats behavioral health concerns, mental illnesses, or medical conditions. I understand that PLAN services are not a substitute for traditional medical or psychological care.
- **_____ (Initial)** I understand that all information shared during our sessions is strictly private and confidential. I also understand that the Practitioner is legally and ethically bound to break confidentiality and notify the proper authorities or individuals if I state a specific plan to harm myself or someone else.
- **_____ (initial)** I understand that payment for one a 1-hour private session of PLAN Listening or Meditation, or a 1-hour group session of PLAN Meditation must be paid in full immediately after receiving service.

5. **Signature**

By signing below, I acknowledge that I have read, understood, and agree to the scope, confidentiality terms, and policies outlined in this agreement. I also state that the information provided in this intake form is true and accurate to the best of my knowledge.

- **Client Signature:** _____ **Date:** _____
- **Printed Name:** _____