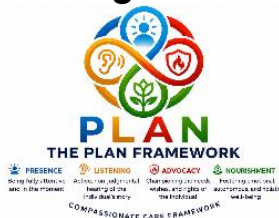


Client-Practitioner Agreement & Intake Form



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?**

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, (PayPal, Zelle, check, cash) for one 1-hour session of PLAN Listening or Meditation must be paid in full immediately after receiving service.

5. Signatures

By signing below, I acknowledge that I have read, understood, and agreed 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:** _____
- **Practitioner Signature:** _____ **Date:** _____