

# The Healing Compass by Lori Elisë Kroh LMT, CRM, IWC

## Life Coaching Client Intake Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date Of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Type: \_\_\_\_ MD (Medical Doctor) \_\_\_\_ ND (Naturopathic Doctor) Other \_\_\_\_\_

**How did you hear about The Healing Compass?** \_\_\_\_\_

Are you currently under medical supervision? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Are you currently taking any medications?

If yes, please list names/what for: \_\_\_\_\_

\_\_\_\_\_

Do you experience excessive stress in your work, family, or other aspect of your life? \_\_\_\_ Yes \_\_\_\_ No

If yes, how do you think it has affected your health?

( ) muscle tension ( ) anxiety ( ) insomnia ( ) irritability ( ) headaches ( ) other \_\_\_\_\_

Do you have any particular goals for Life Coaching? \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Signed if Caregiver or Parent \_\_\_\_\_

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**This is your opportunity to share with me your concerns. Keep in mind that this information is completely confident.**

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**Please initial by each paragraph acknowledging and adhering to its contents.**

\_\_\_\_\_ 1. There is a strict 24-hour cancelation policy. Please keep in mind that if you do not make your appointment, I do not get paid. A late cancel/no-show fee of \$40 will be charged to the client's account. In order to avoid the fee, please give a courteous advanced call in order to keep the integrity of the practitioner-client relationship and also to allow other clients to book. Emergencies are understandable and generally waived; however, all late cancels and no-shows are tracked and if there is a frequent pattern, the practitioner will discuss the matter with the client in order to resolve.

\_\_\_\_\_ 2. All session charges will be collected prior to the session to ensure security between the client and the practitioner. Forms of payment accepted are cash or credit/debit card. No checks.

\_\_\_\_\_ 3. Informed written consent must be provided by parent or legal guardian for any client under the age of 18. Furthermore, a parent or guardian must be present during the entirety of the session for clients under the age of 18.

\_\_\_\_\_ 4. I understand that Life Coaching is not a form of counseling or mental health therapy. Life Coaching is to assist my needs and goals to help me come to my own solutions and overcome my obstacles. The Life Coach cannot advise, diagnose or prescribe. Life Coaching cannot guarantee desired results. It takes the effort of myself, the client, in order to achieve goals.

\_\_\_\_\_ 5. HIPAA Privacy & Rights: My information will be kept private, in secure holding and kept on file for reference. I also know that I can request to release or view my session chart notes at any time, with written consent. The exception to the HIPAA confidentiality law is if there is imminent threat or danger to client or someone else.

*If you have any questions regarding Reiki therapy that have not been specified above, please ask the practitioner prior to or during your session. Your practitioner encourages your questions and feedback.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Signed if Caregiver or Parent \_\_\_\_\_