



Intuitive Success Coaching Client Intake Form

Full Name (last, middle, first)

Today's Date

Street Address (must match credit card)

Date of Birth

City State Zip Code

Program

Daytime Phone Evening Phone

Payment (cash, check, card #)

Credit Card # (to hold appointment) Exp.

Email

Please briefly describe your current issue or any concerns that you have.

What do you hope to achieve from our time together?

Have you ever receive any other form of counseling or coaching? If so what was your experience?

What do you expect in a therapist?

What is the vision you have for your life?

A: Career and Finances: _____

B: Health and Wellness: _____

C: Relationships (to self and others): _____

D: Fun and Recreation: _____

E: Personal Life: _____

1687 San Elijo Ave. Cardiff, CA 92007

Phone: 858-531-8434 * abby@liferforceconnection.com * www.liferforceconnection.com



Pursuant to the California Business and Professional Code, Life Force Connection makes the following disclosures: Life Force Connection is a professional practice that provides services that are alternative and complementary to healing arts services licensed by the state. These services are not licensed by the state. Life Force Connection will provide services in accordance with the education, training and experience we have. Abby E. Gooch practices under the following licenses and professional certifications: Certified Health and Success Coach; Reiki Master; Certified Master NLP Practitioner; Certified Hypnotherapist, Six Sensory Professional Practitioner, Certified Spiritual Healer, and Ordained Minister.

I understand that all services provided by Life Force Connection are limited to the scope of practice that includes alternative healing modalities in the forms of Reiki, Intuitive Success Coaching, Neuro-Linguistic Programming, and Hypnotherapy. I agree to pay the full fee for my session and/or program on the date of my appointment. I understand that I am required to pay the full service fee for my session if I do not cancel 24hrs. prior to the appointment. I authorize Life Force Connection to charge my credit card the full amount of the service requested if I failed to cancel my appointment 24 hrs. prior to the appointment time.

I accept full responsibility for any actions taken outside of the office. I do not hold Life Force Connection liability for any health concerns or related issues. I understand that my coach and/or practitioner can refuse to work with me and/or terminate the program I am enrolled in at any time.

I, _____, hereby acknowledge that I have been provided with above information, have read such, and agree to these terms.

Signature

Today's Date

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