Intended Health and Wellbeing Form

What brings you in today? What kind of support are you hoping to receive in our time together?

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_____

What is your intention for these sessions? (What would you like to accomplish?) Is there something you're ready to tend to, release, or reclaim?

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Trauma History (Optional)

If you'd like, you may share any experiences that feel relevant to your care. This can help shape a session that feels safe, attuned, and responsive to your needs.

Types may include physical, emotional, sexual, elder, home, workplace, social, or other experiences that have impacted your sense of safety or wellbeing.

You are welcome to share in your own words or simply name what feels important.

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_____

Client Responsibility Agreement (Applies to All Sessions)

Please initial each line to affirm your role in co-creating a space of safety, presence, and care:

____ I agree that I am responsible for my wellbeing while participating in this session.

____ I agree, and I recognize that I am creating my own experience throughout this session.

____ I agree, and I take 100% responsibility for my needs, feelings, and truth concerning any issues during this session, and ask for support when necessary.

____ I am willing to do the session gently.

____I agree to have a learning transformation that is loving and kind to me and everyone else.

Signature _____Date_____