Intended Health & Wellbeing Form

What would you like these sessions to support?
You're welcome to name what you're hoping for, longing for, or ready to explore.

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_____
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_____

Anything you'd like me to know about your history or current experience? (Optional)
Share anything you feel is important for your care and helpful for me to know as I support you.

_____
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_____

Session Agreement

Please initial each line to affirm your role in co-creating a safe, grounded space for our work together.

____ *I understand that I am responsible for my wellbeing during our sessions.*

____ *I recognize that I am an active participant in my experience.*

____ *I will communicate my needs and ask for support when needed.*

____ *I am willing to move gently.*

____ *I agree to engage in this work with kindness toward myself and others.*

____ *If meeting online, I will join from a private, quiet space where I feel comfortable.*

Signature _____ *Date* _____