Destiny Shaper Holistic Solutions, Inc.

Confidential Client Intake Form :

Please bring this completed form to your first appointment. *All information contained herein is confidential inaccordance with the attached policies and procedures and in accordance with the HIPAA Privacy Act. Thisinformation is requested to obtain the best level of treatment and care possible***.**

I have answered all questionstruthfully and to the best of my ability to be able to achieve the best clinical outcome.

Name: _____
Today's Date: _____□ Male □ Female Date of Birth: _____
Age: _____Home phone: _____ Work phone: _____ Cell phone: _____Any number you do not want to be contacted at: _____

PRESENT ISSUES AND GOALS
Please describe why you are coming to coaching. How long has this been going on? Please use the back of the form, if necessary.

_____
_____
_____
What do you hope to gain from this coaching experience?
_____
_____
_____

PSYCHOSOCIAL INFORMATION
Please check the level of education you have completed:
□HS Graduate □GED □some college □AA/ 2 yrs college □BA/BS/4 yrs college □Somegraduate school □MA/2 yrs graduate □Ph. D/4+yrs graduate school □Post-graduate studies

Occupation_____ Level of satisfaction with your occupation_____
Were you "held back" or placed in special education classes? □ Yes □ No If yes, was this helpful to you?
_____
Do you regularly attend a church or other religious institution? □Yes □No If yes, which one?
Religious background, practice, and spiritual goals if applicable:
_____

RELATIONAL INFORMATION ***Have you ever had, or do you currently have, protective order(s) in place? □Yes □No***

Current Relationship Status

Married how long? □1st □2nd □3rd marriage other:

Separated how long? Why?

Cohabitating how long? Plan to marry: □Yes/When: □ No

Divorced how long? Reason for divorce:

Remarried how long?

Widowed how long? Lost spouse through:

If married, spouse's name:
_____ Age: _____
Number of previous marriages for your spouse:
_____
Is your spouse supportive of you seeking coaching? □Yes □No □Unsure □Spouse doesn't know
_____
Please provide a brief description of your spouse (e.g., angry and controlling; outgoing and supportive):
_____
Please list your children (including step, adopted, foster) below: Include their:
Name(s) Sex: Age or yr.of death:

Relationship to you Living with whom?

Who else lives with you?
_____

FAMILY OF ORIGIN HISTORY
How well did your parents/guardians get along with each other?
□ Great □ Good □ Fair □ Poor □ Terrible

How well did you get along with your parents/guardians?
□ Great □ Good □ Fair □ Poor □ Terrible

How were you disciplined by your parents/guardians (check all that apply)
□ never disciplined □ Talked to about problem □ Yelled at by parent/guardian □ Spanked on bottom□ Slapped on hand □ Spanked with belt/twig/switch □ Face slapped □ Mouth washed out with soap□ Whipped on back □ Time out on chair/corner □ Locked in small room □ not allowed to eat/drink

Did you ever run away from home? □Yes □ No If yes, how long were you gone?
_____

What was the reason?

_____

_____

Please list your father, mother, sisters, brothers, stepfamily relations, or other family members who had a significant effect on yourlife (either positive or negative).Please include: their Names, sex, age or year of death, relationship and status currently (e.g., angry, outgoing, supportive,controlling).

COACHING HISTORY/PREVIOUS MENTAL HEALTH CARE

If you have had any previous coaching, counseling or psychiatric treatment, substance abuse treatment, or residential/in-patient care, please listthe names of the therapists or programs. (Use the back if necessary.)

Therapist's Name or Program:
Major Issue &Dates:

Has anyone in your family ever been treated or hospitalized for substance abuse, criminal behavior, mental health issues, orpsychiatric conditions? □ Yes □ No If yes, please describe:

_____

Have any of your family members or friends ever attempted or committed suicide? □ Yes □ No If yes, who and when:

_____

_____

MEDICAL HISTORY

Please list any conditions, illnesses, treatments, or surgeries that might be relevant to your reason for seeking coaching:

_____

Have you ever had a head injury, a concussion, or lost consciousness?

_____

Are you currently receiving any medical treatment? □Yes □No if yes, please describe:

_____

Number of pregnancies_____ Number of live births_____ Post-partum depression?

_____

Please list all medications and herbal remedies you are taking and the reasons for taking them. Include the name(s) of medication(s) & Dose Used for:

Are you taking these medications according to the doctor's recommendations? □Yes □No if no, please explain:

_____

Date and outcome of last physical exam:

_____

ALCOHOL OR DRUG USE

Use of alcohol: □None □1 drink/day □2-3 drinks/day □more than 3/day □1/wk □1/month □other_____

Please describe any use of recreational drugs or use of prescription drugs not as prescribed:

_____

_____

CURRENT SYMPTOMS

Check any of the following symptoms or problems that you currently are or recently have experienced:

□ Stress □ Marital Problems □ Compulsive Behaviors
□ Anxiety □ Other Relational Problems □ Hallucinations
□ Panic □ Physical Abuse □ Hearing Voices
□ Depression □ Emotional Abuse □ Racing Thoughts
□ Apathy □ Verbal Abuse □ Eating Problems
□ Fatigue/Lack of Energy □ Sexual Abuse □ Drug Use
□ Loss of Appetite/Overeating □ Sexual Problems □ Alcohol Use
□ Trouble Sleeping □ Gender Identity Issues □ Pregnancy
□ Poor Concentration □ Anger □ Abortion
□ Feeling Worthless □ Aggressive Behavior □ Legal Matters
□ Recent Death □ Bad Dreams □ Work Stress
□ Grief □ Unwanted Memories □ Career Choices
□ Chronic Pain □ Loss of Control □ Indecisiveness
□ Loneliness □ Impulsive Behavior □ Parenting Problems
□ Fears □ Controlling □ Financial Problems
□ Shyness □ Controlled by Others □ Spiritual Problems
□ Low Self-Esteem □ Obsessive Thoughts □ Other: _____

Please check the number that best indicates how distressing your problems are to you currently1 2 3 4 5 6 7 8 9 10

Minimally distressed Moderately distressed Extremely Distressed

_____

Client's Signature Date

Are you currently experiencing any suicidal thoughts? □ Yes □ No

Have you experienced suicidal thoughts in the past? □ Yes/When_____ □ No

Have you attempted suicide in the past? □ Yes □ No If yes, please explain: (use back of page if necessary)

_____

_____

Are you currently experiencing any violent or homicidal thoughts? □ Yes □ No If yes, please explain: (use back of page if necessary)

_____

_____

Destiny Shaper Holistic Solutions, Inc.
POLICIES AND PROCEDURES

1. TELEPHONE CALLS
Should a situation occur that you feel you need to contact your coach to discuss it and it can not wait until your next scheduled appointment, email your request to: patricia@destinyshaper.org and include a brief description. Upon receiptit will be reviewed and a response will include instructions and any additional scheduling and cost (if applicable). **Client Initials: _____Date_____.**

2. COACHING BY INTERNET, EMAIL, TELEPHONE OR INSTANT MESSAGING
For any online sessions (Skype, or Zoom for example) to take place, you must have fast-enough online access that guarantees mutuallysatisfactory quality. It is crucial that you have a place (office/room where you can be alone) that can offer privacy at your end. Yourcounselor will do the same. After all technological issues have been resolved, you must know that online coaching has not beenempirically tested in its effectiveness and does not guarantee the same experience as face-to-face coaching within the same room. **Client Initials: _____Date_____.**

3. LENGTH OF SESSION
Coaching sessions are 60 minutes in length, beginning at your appointed time and concluding after 60 minutes. Sinceyour therapist has sessions scheduled after yours, the sessions must end 60 minutes after the appointment time regardless ofyour arrival time, and the full fee for the session will be charged. Therefore, it is to your benefit to be on time. Longer sessions maybe prearranged with your Coach. **Client Initials: _____Date_____.**

4. FEES AND PAYMENT
All payments are due at the time of service. Pricing will be determined at the one time free 15-minute consultation along with this intake form to determine the appropriate session package for your best results. We accept debit and credit cards **(with a 2 % service fee)**, cash or digital check payable on our website at the time of scheduling the session appointments. A $25.00 service charge will be levied on all checks returned by a bank for insufficient fundsor if a credit card or debit card is declined. If any or all outstanding balances are not paid, DSHS reserves the right to release aclient's name and address to a collection agency. Also, a monthly interest fee of 2% will be charged for these balances until they arepaid in full.

In the event the client's case causes DSHS to incur any legal fees on behalf of the client or in the client's best interest- theclient agrees to pay DSHS in full for those costs incurred and will render payment when notified by DSHS. If the client wishes tomake arrangements in advance with the office for financing the payment in full can be waived in lieu of the payment option arranged. **Client Initials: _____Date_____._**

5. CANCELLATIONS AND MISSED APPOINTMENTS
When an appointment is scheduled, that time is reserved for you. If the appointment is missed or cancelled without sufficientnotice, the coach is unable to make use of that time. ***Therefore, sessions must be cancelled 24 hours in advance or a "fullsession" fee will be charged***.

6. SCHEDULING POLICY

In most cases, issues are not resolved in one meeting. At the initial appointment coaches usually establish the next appointmentwithin one week. Appointment frequency is based on the coach's assessment of what will be most effective and productive foryou. During the active phase of therapy, on-going appointments are generally scheduled weekly or bi-weekly and theseappointments are generally set for the same appointment time slot, based on availability of the coach and client. To retain yourappointment time slot, it is our policy to allow one cancellation for every six months that you occupy a particular slot. The secondtime that you cancel an appointment you have an option: Either risk losing your spot or choose to pay the cancellation fee. *If youlose your time slot, you may have to return to your coach's waiting list.* If a client cancels with less than 24 hours' notice, thecancellation fee always applies.

Client Initials: _____Date_____.

7. TERMINATION

In the event you choose to terminate coaching with DSHS it is our policy to consider anyone terminated if, the coach has not had any contact with you by phone, email or written correspondence and you have not continued with thecoachingsession package that was presented and agreed upon by both parties (DSHS & the Client) based on your circumstance(s)that you were currently being coached for. Cancellation or other service fees may apply/ incur. Client Initials: _____Date_____.

If 30(thirty) calendar days have gone by since your last scheduled appointment we closethe session files. However,should your circumstance or decision change and want to continue with the coaching sessions in the near future and schedule an appointment you can email us your request at which time you will be sent instructions on how the re-in state your program and any additional information or cost that may be required or needed.Whatever you decide, our prayer is that God will work with you to maintain thegains you have made, that He will guide you in His paths, and that He will richly bless you.

Client Initials:_____Date_____.

8. In case of an emergency during a coaching session if I become unable to communicate or need non-medical assistance theperson I authorize you to contact is:

Name:
Relationship:
Contact Phone #:
Email:

Name:
Relationship:
Contact Phone #:
Email:

Our desire is that your experience with Destiny Shaper Holistic Solutions, Inc, will be helpful and productive for you. If you have anyquestions regarding these arrangements or other aspects of your relationship with us, please discuss them with your coach or callour phone number240.462.9693.

I have read the terms of this Intake Form as well as the policies and procedures for the coaching services under Dr. Patricia and Destiny Shaper Holistic Solutions, Inc.I acknowledge that by signing this intake form I am in agreeance to the terms and the coaching requirement needs. Client Initials: _____Date_____.

Client'sSignature: _____ Date: _____

Coach's Signature: _____Date _____

www.destinyshaper.org**E-Mail:** patricia@destinyshaper.org

Thank you, Dr. Patricia,

Founder and CEO of

Destiny Shaper Holistic Solutions, Inc.