

## CONSULTING/COACHING INTAKE FORM AND WAIVER

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

### Physical and Emotional History

Are you taking any medication? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Have you ever been hospitalized for a mental illness? \_\_\_\_\_ Describe \_\_\_\_\_

Have you had any thoughts of suicide \_\_\_\_\_ If so, when \_\_\_\_\_ Do you have such thoughts now? \_\_\_\_\_

Are you currently receiving Therapy/Counseling? \_\_\_\_\_

### Family Systems Information

Marital Status \_\_\_\_\_ #of marriages \_\_\_\_\_ Monogamous or Polyamorous? \_\_\_\_\_

Living with partner(s) \_\_\_\_\_ How long \_\_\_\_\_ Children \_\_\_\_\_ Pets \_\_\_\_\_

### Spiritual History

Religious upbringing \_\_\_\_\_ Present Affiliation \_\_\_\_\_

Is this an important part of your life? \_\_\_\_\_ Why/why not \_\_\_\_\_

### Personal Agreements

I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding the coaching/consulting process. I understand that whatever I say in a session is strictly confidential and will not be released to anyone without my consent unless I am planning to harm myself or others. I understand that I will pay in full for appointments not canceled with 24 hours notice. The rate is \$150/hr for individuals and \$200/hr for couples. I understand that there are no refunds for sessions paid for in advance including multiple session discount packages, however my prepaid sessions can be redeemed up to one year after the date of purchase. I understand that Veronica Monet, ACS, CAM is an Empathy Expert, Couple's Consultant, Certified Sexologist and Anger Management Specialist utilizing deep empathic and intuitive skills as well as powerful role plays and communication techniques. She is not a licensed physician or therapist; does not practice or offer therapy, counseling or medical advice nor is her work to be construed as therapy. If you believe you have a serious psychological disorder, please consult a licensed psychologist or psychotherapist.

\_\_\_\_\_  
client signature and date

\_\_\_\_\_  
client signature and date

**Veronica Monet, ACS, CAM**

888.903.0050 and 415.407.2932