



Awaken Authentic Self Consulting

Date of Birth (MM/DD/YYYY)

First Name

Last Name

Middle Initial

Street Address

City & State

Zip Code

Primary Healthcare Information

Do you have a Primary Care Physician? (If yes, please complete the section below

Yes

No

Physicians Name

Number (Area Code First)

Street Address

City & State

Zip Code

Mental Healthcare Information

Do you have a Mental Healthcare Provider?(If yes, please complete the section below)

Yes

No

Providers Name

Number (Area Code First)

Street Address

City & State

Zip Code

Emergency Contact Information

Street Address

City & State

Zip Code



**Awaken Authentic
Self Consulting**

1. What Services are you interested in? (Check all that may apply)

Teen Career Mentoring

Teen Life Coaching

Adult Life Coaching

Adult Spiritual Life Coaching

2. Check the top 5 focus areas you would like to improve or develop?

Fears

Peer Pressure

Universal Energies

Anxiety & Worry

Bullying

Spiritual Warfare

Abuse

Social Skills

Religion vs. Spirituality

Teen Pregnancy & Parenting

Life Coaching

Depression

Loss

Self-Esteem

Grief

Career Path

Stress

**Career Growth &
Development**

Inner Strength

Self-Awareness

Peace

Career Challenges

Emotional Maturity

Relationships

Spiritual Gift Identification

3. How do you see yourself in 5 years? What goals would you have accomplished either personal or professional? Explain

4. What makes you happy out of life?

5. What might be your concerns today?

6. What are your gifts and or talents?

**7. Have you ever had thoughts of harming yourself or others?
Please select yes or no.**

Yes

No

Terms and Conditions

Consulting Guidelines:

Services offered do not imply or replace services of a Licensed Healthcare Provider. It is the clients responsibility to provide diagnosis from a Licensed Healthcare Provider for any mental & behavioral conditions before services are rendered.

Confidentiality

Your privacy is important and will be honored for all services rendered from Awaken Authentic Self Consulting. All recorded information is for maintaining effective mentoring and coaching for your goals and plans developed as part of the services offered. All information will be kept confidential unless client and Consultant agree to discuss with a third party. The only reason to break confidentiality would be if the consultant believed you were at risk of harming yourself or another person or if consultant was liable to civil or criminal court proceedings to disclose client records.

Anti-discrimination Policy

Awaken Authentic Self Consulting values diversity and does not discriminate on grounds of age, gender, gender identity, sexual orientation, marital status, religion, race, color, national origin, disability, or political belief.

Cancellations & Payment Policy

All services requires a non-refundable deposit which is used towards services offered. Clients shall provide 24 hour notice of needing to cancel scheduled appointments to avoid a \$50 cancellation fee. Each Program offered is a 6 month Program with an upfront non-refundable fee.

Please check if you agree with these Terms and Conditions: Yes No

Client Signature

Date (MM/DD/YYYY)