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TRANSFORMATION PROGRAM INTAKE FORM for one to one therapy, coaching and wellness sessions

Name:

Date of Birth:

Email address:

Phone number:

Relationship status:

Profession/job:

1. What are the areas you would like to explore during your transformation program? For example, problems you would like to solve or heal, any goals you desire or outcomes you want.

2. What are the 3 most important changes you would like to make in your life?

3. What prevents you from making these changes?

4. Answer only if relevant: What have you done so far to solve the problem or reach the goal or outcome?

What has worked and what has not worked?

5. How will you know you have made these changes?

6. What are the priorities you would like to focus on during the Transformation program? (list top 3 in order)

7. What are your expectations from your coach/practitioner?

8. On a scale of 1 to 10 how committed are you to the Vitality Living program to achieve the results and changes you desire?

(10 being fully committed, 1 being not at all)

9. Any other information (for example information from medical professionals and healthcare specialists)

10. I confirm I am comfortable being a case study client and give my consent as per the document below

## Recording Case Study Consent Form

This document may be used only when the client has capacity to give informed consent.

I, (Name of Client).....

hereby give consent to (Name of Student, Mentee or Practitioner).....

at (Venue or online).....to

Note taking \_\_\_\_\_ (initial if Yes)

Video record \_\_\_\_\_ (initial if Yes)

Audio record \_\_\_\_\_ (initial if Yes)

our EFT session(s). These note takings recordings will be used only to help in the evaluation of the student's practice. This consent is given on the understanding that the notes and recording(s) will only be heard and/or seen by the student practitioner and her/his Trainer and assessors, and will not be disseminated further without my express permission, which may be sought e.g. in the case of some exceptional learning to be gained.

I further understand, and give consent on this basis, that the notes and recording copies (or access) will be destroyed (by Trainer or assessors) after the evaluation, or other specific (agreed-upon) purpose, has been completed.

I understand that refusal to sign this form will not affect my eligibility for receiving services with \_\_\_\_\_.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_