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WHATSAPP VERSION WITH BOLD & ITALICS FORMATTING

TRANSFORMATION PROGRAM INTAKE FORM for case study 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 Transformation 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)_

Vitality Living College™ - Empowering Transformation.

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10. Submission of this form and/or your signature below means that you have also read, understood, and agreed to these guidelines and terms here,
<https://vitalitylivingcollege.info/one-to-one-eft-sessions/>, prior to your one-to-one sessions and consultation calls commencing.

In summary you understand these sessions are:

- Emotional therapy with EFT
- Not medical/mental health diagnosis or treatment
- Private and confidential on both sides
- Recorded, and sent to the Trainer for evaluation, and I give my consent, as below:

Notes - Yes/No

Audio - Yes/No

Video - Yes/No

Signed:

Date: