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## **WHATSAPP SAMPLE INTAKE FORM & APPOINTMENT MESSAGE** **TEMPLATE**

### **WHATSAPP VERSION WITH BOLD & ITALICS FORMATTING**

#### **A. WHATSAPP TRANSFORMATION PROGRAM INTAKE FORM**

\*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 the 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. \*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-transformation-sessions/>, prior to your one-to-one sessions and consultation calls commencing.

\*In summary you understand these sessions are:\*

- Emotional therapy, coaching, hypnotherapy and/or healing with EFT, NLP, Breakthrough Coaching, Inner Child Matrix & The Journey as per the qualifications of your Practitioner/Coach
- Not medical/mental health diagnosis or treatment
- Private and confidential, with any records being kept in a secure place

Signed:

Date:

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## **B. WHATSAPP APPOINTMENT LETTER**

**\*TRANSFORMATION PROGRAM APPOINTMENT LETTER\***

Dear XXX,

It was a pleasure speaking with you. Thank you for filling in the Transformation Program Intake Form which gave me a really good idea of what you wanted, and where you want me to focus.

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As a result, I am delighted to confirm your enrollment on the Transformation Program with me.

We agreed for a set of 6 sessions. The first appointment is as follows:

\*Date & Time\*: XXX

\*Location\*: Zoom, link, password

\*Location offline\*: ADDRESS WITH PINCODE AND / OR POSTCODE

\*Landmarks\*: ADD ANY RELEVANT LANDMARKS

\*Google map\*: ADD THE GOOGLE MAP LINK

\*Closest public transportation\*: METRO LINE, BUS NUMBER

\*Parking options\*: ADD INFORMATION ABOUT PLACES TO PARK

\_Sessions last between an hour and an hour and fifteen minutes and will be customised based on your individual needs.\_

We agreed payment of XXXX and payment is due on the day of the appointment and can be made via:

- Bank transfer (details below)
- Credit / Debit card, add link
- PayPal, add link
- Google Pay, add number

In preparation for your appointment you will find some guidelines here including information on the techniques I will be using:

<https://vitalitylivingcollege.info/one-to-one-transformation-sessions/>.

\_I will be taking some quiet time prior to the sessions and might not be able to pick up the phone. I will see you on the day of our session at XXX.\_

Warm wishes,

XXX

Phone number

\*Attendance of the session means you have agreed to these guidelines and terms here\*, <https://vitalitylivingcollege.info/one-to-one-transformation-sessions/>.

# soul to soul

business & marketing

\*In summary I understand these sessions are\*:

- Emotional therapy, coaching & healing with the techniques in the above link
- 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: