The Eartheart Institute

4307 S Leonard Springs Road • Bloomington IN 47403 • 812-825-3704 • Info@CenterThrive.com
CenterThrive.com • JoyPotential.com
Facebook.com/ThrivingRelationships • Facebook.com/YourJoyPotential

Client Information Form – *Please complete all information*

Name: Date:

Address:

Date of Birth: Occupation & Workplace:

Phone:

Home: Work: Cell:

Email Address: Preferred Method of Contact:

☐ *I understand email and/or text communications may not be secure and consent to this method of communication*

Emergency Contact:
(Name/Phone/Relationship)

Insurance Company:

Policy Number: Group Number:

Name of Policy Holder: Gender:

Payment is due at the time of your session or can be made by a card on file.

☐ Charge card on file (Please complete the Credit Card Authorization Form)

How did you find out about our services?

The Eartheart Institute • Eartheart LLC ©2020
CenterThrive.com JoyPotential.com

Client Commitments and Financial Policy

This outlines our commitment to you, our valued client, as well as our expectations of you. Please read and sign to acknowledge your agreement. Thanks so much!

- We celebrate and deeply honor your commitment to growth, healing, and transformation. When we say YES to these things, to the life and relationships we really want, amazing things start to happen.
- Our sessions are a judgment-free zone, and we will hear you with open hearts and minds and will keep everything shared in total confidentiality (unless required by law to report it). You can find a complete copy of our Notice of Privacy Practices at CenterThrive.com/ClientForms which outlines your rights and our responsibilities under HIPAA. Your signature below confirms your consent to the release of personal information for billing purposes, such as insurance claims.
- Please let us know, at the beginning of the session, if you need to leave right after the designated amount of time we've set. Insurance sessions must be kept to only 53 minutes or less per covered individual (53 minutes is a one-hour session). For cash clients, if scheduling allows, you do have the option of allowing your session to extend past the scheduled amount of time. In these cases, you will be charged for the actual total time of the session.
- You agree to assume and accept full responsibility for any and all risks associated with utilizing the techniques presented to you. You understand that Eartheart LLC accepts no responsibility or liability whatsoever for the use or misuse of the information presented or any techniques, processes, suggestions and activities that occur within or beyond a session.
- Please have your payment with you, as it is required at the time of service. Payment can be made as cash, credit card, or check.
- CANCELLATION POLICY: Please provide at least 24 hours' notice if you need to cancel. If you cancel less than 24 hours before your appointment, you will be charged $35 per hour. If you miss an appointment without contacting us at least six hours beforehand, you will be charged the full session fee. This time slot was not available to be filled by another client, and preparations and scheduling considerations were made based on your session. Thanks very much for honoring this.
- We may have clients scheduled directly before you. Please let yourselves in and make yourselves at home in the waiting room. We will be out to greet you.
- Coaching and counseling works like so many other things in life – the more you put into it, the more you get out of it. We invite you to open your mind and heart to all the new possibilities available to you, to stay present with the process, to be willing to change and grow and see things differently, to ask for whatever you need, to share your most honest thoughts and feelings, and to put into practice what we explore together. It can also be helpful to come to each session with clear goals. We know your time is precious, and we want to make the absolute most of our moments together and to serve and support you as best as possible. This will allow you to receive the maximum benefits. We truly look forward to the journey ahead and supporting you in every way we can!

Signature: _____

Date: _____

The Eartheart Institute

4307 S Leonard Springs Road • Bloomington IN 47403 • 812-825-3704 • Info@CenterThrive.com
CenterThrive.com • JoyPotential.com
Facebook.com/ThrivingRelationships • Facebook.com/YourJoyPotential

Individual Information Form

Name: **Date:**

Spouse/Significant Other:

Children's names and ages:

Why are you seeking services?

Have you had any past experience with counseling or coaching? If so, please describe.

What do you want more of in your life?

What gets in the way of having this?

What do you want less of in your life?

What do you value most in life?

What are your greatest gifts/strengths?

Which relationships in your life are most important to you? Please list those individuals here. Then, next to their names, on a scale of 1-10, please rate how healthy and connected you feel in each of these relationships (10 being the healthiest and most connected).

Please describe your physical health, how you feel about it, and how you'd love for it to look.

Please describe your mental and emotional health, how you feel about it and how you'd love for it to look.

Please describe your spiritual health, how you feel about it, and how you'd love for it to look.

Are you currently seeing a therapist, counselor, healer, massage therapist, nutritionist, chiropractor, life coach, etc.? If so, for what are you seeking their services?

Do you or your family members have any history with mental illness? If so, please describe.

Are you currently on any medications? If so, please list them and what they are prescribed for.

Special Interests/Requests:

Counseling/Coaching ☐ Reiki ☐ Hypnotherapy ☐ EMDR ☐ Subconscious Reimprinting ☐

EFT (Emotional Freedom Technique) ☐ Mindfulness Meditation ☐ Not Sure/ Curious:

Is there anything you'd like for me to know about you so that I can best serve and support you?