

Gender Embodiment Client Intake Form

You may fill this out as a WORD doc or print and bring it with you – your choice.

Name:

Preferred pronouns:

Date of birth:

Contact information:

Medical support group (doctors, counselors, etc.):

Personal support group (friends, parents, nieces, children, etc.):

Contact for personal support (an emergency contact person):

Name:

Phone:

Email:

Relationship:

Do you grant me permission to talk with your medical support personnel should they contact me?

Write YES or NO _____

If YES: SIGNATURE _____

DATE _____

Medications and supplements you currently take:

Procedures and dates - anything you feel comfortable sharing:

Gender Embodiment Client Intake Form

Primary area(s) of interest for the work we will do together:

Voice concerns:

Movement concerns:

Image work:

Any other thoughts you would like to share:

How and where do you prefer to shop?

Clothing sizes:

Gender Embodiment Client Intake Form

What brings you here to work with me?

What are current challenges?

Interests:

What do you do for fun?

What makes you feel happy?

Excited?

Inspired?

Gender Embodiment Client Intake Form

What do you like best about yourself?

What impression do you want to leave people with?

Favorite words? Quotes? Anything else you'd like to share:

Profession:

Profession to which you aspire (if you could be or do ANYTHING what would it be?)

*Please begin an **Image Collection**.*

Instructions are on the ETC Blog at elizabethterrelcoaching.com

Bring it with you to your first session.

How did you find out about me?

Gender Embodiment Client Intake Form

Professional Relationship Understanding

Name _____

Address _____

Partner _____

Others in household and ages _____

I understand that Elizabeth Terrel is a Voice & Movement Professional, a Quantum Energetics Structured Therapy practitioner, an 500RYT Yoga Teacher practitioner and that she is not a medical doctor.

I understand that the work she performs is based on the practices of Voice & Movement methodologies, QEST Technique, and Yoga and that it is not a medical diagnosis. I also understand that nutritional recommendations are not prescriptions, but are recommended on the basis of the above referenced pedagogies.

I understand that for medical diagnosis I should consult with a medical doctor.

Claims: I understand that no specific claims or guarantees are being made as to the outcome or result of my sessions. Results can vary as do individuals.

Insurance: I understand that Elizabeth Terrel will not bill insurance, and that determining coverage for her services is between me and my insurer.

Privacy: I understand that all information is shared in confidence and will not be released to anyone without my specific written permission. The exception to this privacy understanding is if she suspects that I pose a threat to myself or others.

Personal Responsibility: I understand that I have the right to take or refuse any advice given. I assume full responsibility for my use of any services and information provided.

Independent Relationship: I understand that this is a professional relationship. This Client/Practitioner relationship is independent of any other forms of relationship that may exist between us as individuals (example: Student/Teacher) and is not influenced by and does not influence these other relationships.

Signature _____ Date _____

Guardian's signature _____ Date _____

Gender Embodiment Client Intake Form

Office Policies

Elizabeth Terrel is a Voice & Movement professional and a Quantum Energetics Structured Therapy Practitioner.

It is recommended that the client have a medical doctor as his/her primary care physician.

In an emergency or an acute situation, your doctor is best suited to meet your needs. In emergency or acute situations, always call 911 and manage the emergency before pursuing other treatments.

Payment is required at the time of the visit. Payments can be made by Venmo, cash, check, or card.

In the event that a check is returned by the bank, a fee of \$25.00 will be applied to cover handling charges.

At this time, these services are not covered by insurance.

Office visits are by appointment only. If you are late, your session will be given in whatever time remains. If you need to cancel a session, 24 hours notice is required to avoid a charge.

Fees: Initial Consultation and Session (1 ½ - 2 hours) 160.00

**please arrange your schedule to allow for 2 hours in case we need it*

Following Sessions (50 minutes) 85.00

Phone Consultation 85.00/hr
(plus any toll charges)

**phone charges apply to nutritional and/or physical counseling calls in excess of 10 minutes*

House calls generally incur an additional charge including fees for travel time. Please discuss this with your practitioner in advance.

There may be occasional nutritional recommendations, the majority of which can be purchased at grocery or health food stores. These are not included in the fee schedule.

I have read, understand, and agree to the Office Policies.

Name(please print) _____

Signature _____ Date _____

Guardian _____ Date _____