



## Confidential Application to the Clear. Create. Calibrate. Process

This Application is Strictly Confidential. All of the work you do with Calibration Institute (CI), including this Application will only ever be seen or discussed inside of your Calibration Strategy Team, unless specific written consent is given by you. The work done by Calibration Institute and its doctors, healers, chiropractors and coaches is for educational purposes only. Please consult a Medical Doctor for all of your health concerns and medical emergencies right away.

Please fill out all categories in full by hand, scan & export file to PDF. Or type directly into file, save as a PDF, and send to [clarity@calibrationinstitute.com](mailto:clarity@calibrationinstitute.com).

Name \_\_\_\_\_ Date \_\_\_\_\_

Birthday \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Preferred Contact Times & Days: \_\_\_\_\_

Website(s) \_\_\_\_\_

Facebook/other social media \_\_\_\_\_

**Calibration Institute does not do “one time crisis care”. Please see your doctor for that. We are happy to refer you to many wonderful, established practitioners upon request. CI brings over 250 years of combined healing expertise and experience to support innate leaders and their families. CI is founded upon Albert Einstein's quote “No problem can be solved from the same level of consciousness that created it”. CI assists you in causing the permanent transformation of your behavior, body and consciousness, as relevant to achieving your authentic highest intentioned goals and purpose. We honor our place amongst many guides in your journey. We also welcome you, if you have had it with everything else you have tried, you are exhausted by your past efforts, you are tired of fighting and you are just flat-out done. We appreciate that you are ready, 100% committed to having your goal and bringing insight, humility and clarity to know that anyone who has achieved truly iconic greatness gathered a brilliant support team around them. CI is your team.**

By signing below, I acknowledge that all the work done by CI and with CI is for educational purposes only, and it is my responsibility to implement the full expression of my intentions.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Confidential Application to the Clear. Create. Calibrate. Process

1) What is your primary reason for seeking calibration with CI?

2) What specifically is not working for you in your life? (this could be performance, physical pain or dis-ease, mental state, a stagnant career, your marriage, business, house, community, etc...anything, you name it)

3) What are you already doing? (eating well, exercising, listening to self help cd's, meditating, getting support or coaching, list **any** positive, negative & neutral doings)

4) What results are you already having from what you are already doing?

5) **Who** are the biggest impacts on your current results & circumstances? **Why**?

6) What are 3 challenges or problems we can overcome that would create a quantum leap in your intentions? Please list the 3 and then rank them from 1 being "everything is harmonious, grounded, peaceful, etc" to 10 being "major crisis, I am freaking out, devastated, panicked, terrified, etc"

7) Is there anything else you want us to know?



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**It is of utmost importance that you be as honest with yourself as possible in answering the following 7 questions. There are no right or wrong answers. The more honest we are, the more accurate our answers will be.**

**The greater the accuracy of our answers, the greater benefit derived to you on your path to achieving your intentions. In answering, please divide 10 points in the following:**

**6** points for the answer that best describes our **preferred** response.

**3** points for the answer that best describes our **second** choice.

**1** point for the answer that describes our **third** choice.

**0** points for the answer that **least likely** describes our behavior.

1) When working with another person on a project, I like that person to:

- Express ideas directly and discuss all the possibilities.
- Be pleasant and sensitive to the importance of establishing a good working relationship.
- Be systematic in thinking and outline the logical steps of the task.
- Have a results-oriented approach that emphasizes a practical solution.

2) In dealing with another person in a face to face situation, I want others to see me as:

- Somewhat reserved and serious.
- Assertive, quick and bright.
- Individualistic, intellectual and smart.
- Energetic, attentive and responsive.

3) When I decide to take a course of action, I like to know that:

- It will have the desired impact and produce fast results.
- It is logical and in tune with the facts.
- Those involved understand it and agree with it as much as possible.
- It is creative and innovative.

4) The one characteristic that turns me off the most about a person to whom I directly report is:

- The tendency to be pushy, autocratic and demanding.
- A cold and impersonal approach.
- The tendency to be overly cautious and indecisive.
- A sloppy, unstructured passive approach.

5) In terms of the use of my time, I see myself as:

- Dealing in the immediate.
- Concerned about the future implications of today's actions.
- Depending upon past personal experience.
- Checking precedents, current facts and near-term effects.

6) I am:

- Systematic and orderly.
- Hard-driving and aggressive.
- Gentle, considerate and caring.
- Independent and philosophical.

7) The following best describes me:

- I am physically active – a “get things done” person.
- I am mentally active – an “idea” person.
- I am cautious and particular.
- I am sociable and friendly.



**CALIBRATION INSTITUTE POLICIES**

**Payment Policy**

CI is not affiliated with HMO's, PPO's, or Health/Medical insurance companies. Patients who carry any form of medical or health insurance should know that all services rendered by CI are charged directly to the patient. Payment in full is due and payable at time of service. CI does not carry balances. If payment is not received, the office uses outside sources to collect balances due.

Initials \_\_\_\_\_

**Nutritional Supplements/Health Supplies**

Nutritional supplements and other health supplies must be paid for at time of service.

Initials \_\_\_\_\_

**Rates**

Calibration Services (Including NET Neuro Emotional Technique, TFT Thought Field Therapy, SRT Spiritual Response Therapy, Energy Medicine, etc...) We heal your body with gentle non-invasive Calibration Work that clears your body of it's negative, toxic and recurring patterns. We work with gentle hands and great skill to create health and relieve pain. Daily stressors build tension on the body more than you realize. Calibration Work can restore and maintain balance, allowing you to live life to its highest potential.

**Tuesday & Thursday Community Access Rates**

- 1-10 Minute Appointment...\$63
- 11-20 Minute Appointment...\$126
- 21-30 Minute Appointment...\$190
- 31-40 Minute Appointment...\$253
- 41-50 Minute Appointment...\$316
- 51-60 Minute Appointment...\$380

**CI Standard Rates**

- 1-10 Minute Appointment...\$80
- 11-20 Minute...\$160
- 21-30 Minute...\$240
- 31-40 Minute...\$320
- 41-50 Minute...\$400
- 51-60 Minute...\$480

**Custom Overhaul**

5 day+ concierge in-clinic treatment with multiple doctors, healers and coaches. \$12k+. Varies person-to-person, case-to-case. Requires a planning consultation with primary case doctors after initial session.

*Payment is to be received upon services rendered.* I understand the rates.

Initials \_\_\_\_\_

**We accept cash payment and all major credit cards. We do not accept checks.**

By signing below, I authorize Calibration Institute to charge my credit or debit card at the above rates at the time of service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Code on Back of Card \_\_\_\_\_

If not same as above, please provide Billing Address below:

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_