

# Accepted As I Am Center

157 South Mill

Plymouth MI, 48170

734-455-1438

AcceptedAsIAm.com

## *Client Information and Consent*

Confidential

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: S M D W Domestic Partner

Number of Children: \_\_\_\_\_ Age(s) of Children: \_\_\_\_\_

Please rate relationships: \_\_\_\_\_

(1-10: 10 = supportive, open communication / 1 = combative, difficult)

Serious Illness(es): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications and supplements: \_\_\_\_\_

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*What is your intention in coming here, and what do you wish to accomplish?*

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## Release Form

I understand that Barbra White, Express Joy LLC and Accepted As I Am does not diagnose or treat diseases.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_

wish to state that I know that the practitioner is not a Medical Doctor, Doctor of Orthopedics or Doctor of Chiropractic or a Psychologist. Further, I know that the practitioner does not, nor will not attempt to treat, prevent, cure or relieve a human disease, ailment, defect, complaint, or other condition, whether physical or mental, by attendance or device, diagnostic test, or other means, or to offer, to undertake, attempt to do, or hold oneself out as able to-do any of these acts. Further, I know, the practitioner has training and experience in natural healing. As such, the sole function of the practitioner is to educate through lectures, tutoring, private consultations and conferences as to the historical uses of foods, vitamins, minerals, herbs, and homeopathic philosophy and remedies. I acknowledge that I have read, understand and agree with all of the above statements by my signature.

I \_\_\_\_\_

have been told, read and understand that the practitioner does not practice the application of scientific principles to prevent, diagnose or treat physical and mental disease, disorders or conditions. **Initial:** \_\_\_\_\_

I \_\_\_\_\_  
wish to state that the objective of the consultation on my part is for the purpose of education in Natural Health Sciences and is not to be construed as treating disease, but solely for the purpose of my education in the various disciplines in the Natural Health Sciences and a program for building my health up in accordance with Natural Law as explained to me by the practitioner. All professional fees are for information and educational consultations and not for Auricular Sessions or any other services.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I wish to state that in my conversation with the practitioner, I have been told that Homeopathic remedies are a part of the Materia Medica and that licensed physicians claim that it will have a certain effect. The practitioner has recommended to me that I consult a licensed physician as to the use of the material. I have asked that I may have the remedies recommended since it is a nonprescription item. I acknowledge that I have read the above and understand and agree with the statements herein by my signature.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Payment Policy

Our experience has shown that it is wise to have an understanding with our clients as to our office policies and fees; therefore, this form has been prepared for your convenience and information. We offer several methods of payment for your care at our office and you may choose the plan that you prefer. This information will enable us to better serve you and help to avoid misunderstandings in the future. Our main concern is your health and well-being and we will do our best to help you.

All Clients are responsible to pay for first visit, unless other arrangements have been made in advance. We do not bill insurance. **All clients are responsible for full payment for services.**

**Agreement:** My signature below signifies my agreement for payment in full. I understand I will be charged for a full session (just the minimum time: 1.5 hr) \$150, if I do not give 24 hour notice.

I \_\_\_\_\_  
have read and agree to the above statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for mutually holding a deep reverence  
and respect for this process.*

*Your inner growth affects your body, life and world. Thank you!!!*

## Questionnaire (Confidential)

To make the most of your time and minimize the repetition of previous work, Barbra White requires that new clients fill out a questionnaire which provides background information on the nature of the problem which is to be addressed, and all previous attempts to resolve it.

The purpose of the work is to shift your identity from limitation to the unlimited; through a process of self-acceptance. This is done by energetic clearing, intuitive guidance, and learning fundamental spiritual tools.

Thank you for taking the time to love you!

The greatest problem you want solved:

1. What is the greatest problem in your life you want to solve?
2. Can you list the history of everything you have done to try to resolve this problem?
3. What do you believe is the greatest obstacle to resolving this?
4. What do you believe needs to be done in order to resolve this problem?

The greatest goal you want to achieve:

1. What is the greatest goal in life that you would like to achieve?
2. What is the history of everything you have done to achieve this goal?
3. What do you believe the greatest obstacle to achieving this goal is?
4. What do you believe needs to be done in order to achieve this goal?

Some additional questions:

1. Please list your greatest achievement.
2. The greatest challenge you have ever had to go through.

3. One thing you have gone through that you would like no one else to experience. (Can be same as #2.)
  
4. Rate your happiness level in the following areas of your life from 0 to 10 (0 being lowest happiness level, 10 being the most happy you can be). If unhappy, please state what is causing the unhappiness.
  - a. Relationship Health (All your relationships)
  
  - b. Work/Career/Job
  
  - c. Creative Expression/Hobby
  
  - d. Sexual Satisfaction
  
  - e. Environment (Does the environment feel healthy to you? Good air, acceptable noise level, level of pollution, etc.)

f. *Spiritual Life/Health*

g. *Financial Health*

h. *Mental Stress/Health*

i. *Physical Health*