

PLEASE PRINT CLEARLY and READ COMPLETELY

Client Information Solution Based Coaching



Name: _____

Date: _____

Address: _____

Contact number/cell: _____

Email: _____

Family member name/number (in case of emergency): _____

Zoom ID: _____

Age: _____

Children/how many : _____

In partnership or single : _____

Gender: _____

Pronouns: _____

Employment Status: _____

Academic or Trade Background:

Medications for Mental Health:

Food Intake : Vegetarian, Vegan, Meat based, Plant based , Mixed:



Ethnic /Cultural Background:

Social Justice/Nonprofit Involvement:

What Do You Love:

Major Challenges or Traumas :

General Rules

We offer no refunds: (check) ____

We request a 24-to-48-hour notice of cancellation outside of an emergency: (check) ____

We charge half of your fee for last minute (same day) cancellations outside of an emergency with the balance being used toward your next appointment: (check) ____

You are expected to pay the entire fee online before your session when your appointment has been confirmed unless other arrangements have been created to hold your space: (check) ____

Do not bring children, other people, pets, or food: (check) ____

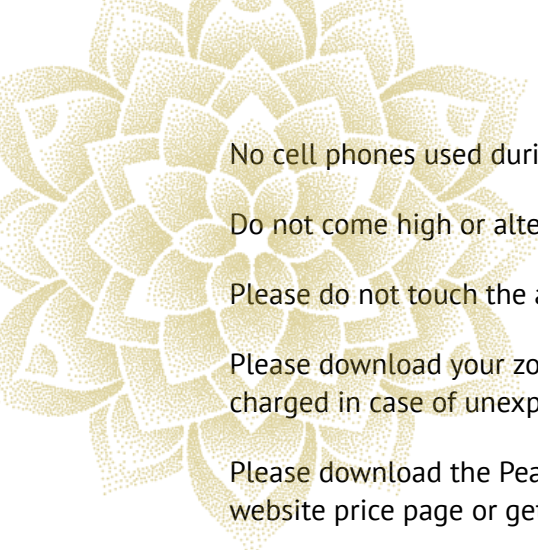


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Peacemaker Enterprise

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No cell phones used during session: (check) ____

Do not come high or altered: (check) ____

Please do not touch the altars: (check) ____

Please download your zoom app, your DUA app or have your phone charged in case of unexpected online issues as a fall back: (check) ____

Please download the Peacemaker Power Tools and The Ten Commitments (PDF) from the website price page or get copies at the office: (check) ____

The Power Tools and the Ten Commitments will be used and infused within your process: (check) ____

Create a positive intention for your session the night before: (check) ____

You will be expected to learn how to meditate: (check) ____

Create a positive intention for your session in a quiet space: (check) ____

Please be on time: (check) ____

Peacemaker is spiritually based, not religious but respectful of all: (check) ____

*I understand that the facilitator is not a psycho-therapist or a medical doctor and does not prescribe medication. I understand that this is an educational, spiritually based coaching program. I understand that I might receive a referral to a medical doctor, other programs and or a psychotherapist if the needs go beyond the scope of this educational stress reduction support system.

Please print clearly: _____

Signature please: _____

Welcome to a new way to live !your!
Life



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