

*EMPOWERED & AUTHENTIC LIVING, LLC*  
*Ana Roussev, Spiritual Coach and Energy Healer*  
*Lisa Aranas, JD, LCPC, Life Coach and Therapist*

INTAKE

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Please indicate if would like to receive occasional emails from EAL: YES \_\_\_ NO \_\_\_

**Please indicate reason for visit**

Energy Healing \_\_\_\_

Spiritual growth \_\_\_\_

Personal Growth \_\_\_\_

Mental Health Issues \_\_\_\_

Physical/Medical Issues \_\_\_\_

Purpose in Life \_\_\_\_

Understanding Meaning in Life \_\_\_\_

Relationship Issues \_\_\_\_

Other Reasons

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**How did you hear about EAL? Check all that apply**

I am a returning client \_\_\_\_ Another client recommendation \_\_\_\_

EAL website \_\_\_\_ Internet \_\_\_\_

Other \_\_\_\_\_

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INFORMED CONSENT AND CLIENT AGREEMENT

Welcome and thank you for choosing Empowered and & Authentic Living (EAL). Please carefully review the following information and sign as indicated. EAL follows HIPAA laws.

OUR MISSION

To help you live and be your most powerful and authentic self. Your path is individual to you, therefore, there are no wrong answers. There is only your truth which is honored and valued. You are the authority on you.

CONFIDENTIALITY

All communications shared will be held in strict confidence. Information, however, may be released in accordance with state law under certain situations:

- You provide a written consent
- For professional consultation if needed (identifying information will not be shared)
- You express serious intent to harm yourself or someone else
- There is reasonable suspicion of abuse or neglect of a minor, elder person, or dependent adult
- To acquire payment for services or for billing purposes
- There is a court order or subpoena directing the disclosure of information

Special Note on Electronic Communications

Please be aware that electronic communications (including phone and internet) are not secure methods of communications.

CONFIDENTIALITY WITH REGARDS TO MINORS (UNDER 18 YEARS)

For children under 12, parents/legal guardians are entitled to information regarding their child's treatment. Between 12 and 18, the minor must be informed and give permission to share information. If the minor chooses not to give consent, however, we may still provide information regarding the minor's current physical and mental health condition, diagnosis, treatment needs, services provided and need, including medication, if any.

PAYMENT AND FEES

Unless agreed otherwise, life coaching, spiritual coaching, and energy work will be billed at \$120/hour. Psychotherapy will be billed at \$150 per. Your portion (co-pays/co-insurance/deductibles) of fees is expected at the time of services. Please contact your insurance company to determine your share. Reports produced at your request or compelled by law will be billed directly to you at the rate of \$150/hr. This rate shall also apply in the event that we are asked to meet with other professionals or testify in court at your request, or compelled by law to do so. **PLEASE NOTE THAT LIFE COACHING, SPIRITUAL COACHING, AND ENERGY HEALING CANNOT BE BILLED TO INSURANCE AS THESE ARE NOT COVERED SERVICES.**



CREDIT CARD INFORMATION

I, \_\_\_\_\_, agree to pay all fees related to services.

Credit Card MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

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

Card# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 Digit Code on back of card: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

INSURANCE INFORMATION

If using insurance, I hereby authorize payment directly to Empowered and Authentic Living, LLC by my Insurance Company. I understand that I am financially responsible for all charges not paid by my insurance. I understand that once information is released to Insurance companies or any other third party, that EAL cannot guarantee that it will remain confidential.

Please enter the following:

Policyholder: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_

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

Name of Insurance Company: \_\_\_\_\_

Insurance ID: \_\_\_\_\_ Insured Group Number: \_\_\_\_\_

ASSIGNMENT OF BENEFITS: The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted.

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

# INTAKE CHECKLIST

NAME: \_\_\_\_\_ Date of Birth \_\_\_\_\_

To serve you better, please circle your answer to each question below.

- 1) Do you have any current or history of medical conditions/illnesses? Yes No  
If yes, explain \_\_\_\_\_  
Are you on any current medications/treatment? Yes No  
If yes, medication/treatment \_\_\_\_\_  
Physician name/phone \_\_\_\_\_
- 3) Are you having difficulty sleeping? Yes No
- 4) Have you/others been concerned about your alcohol or drug use? Yes No
- 5) Do any family members have alcohol or drug problems? Yes No
- 6) Do you have any eating disorders/concerns? Yes No
- 7) Do you have thoughts about hurting yourself? Yes No
- 8) Do you have any thoughts about hurting others? Yes No
- 9) Do you feel you are in danger of being hurt? Yes No
- 10) Have you moved in the last two years? Yes No
- 11) Do you find it hard to talk about personal problems with other people? Yes No
- 12) Do you have problems in your relationships with other people? Yes No
- 13) Do you prefer not to participate in social activities? Yes No
- 14) Have you changed jobs/schools in the last two years? Yes No
- 15) Do you hate going to work/school? Yes No
- 16) Do you have a legal problem? Yes No
- 17) Are you experiencing financial problems? Yes No
- 18) Have you lost hope that your problem can be resolved? Yes No
- 19) Are you interested in spiritual growth? Yes No
- 20) Are you seeking meaning and purpose to your life? Yes No