

Simple Strategies for Family Living

Enhanced Living LLC

Client Information:

Date _____

Parent(s) Name(s) _____

Email Contact _____ Best Phone _____

Children's names and ages

How did you hear about us? _____

Would you like to receive our e-newsletter with tips and savings on sessions? _____

If so, please check your preferred topics. ____ Parenting ____ Personal Growth

To make the best use of the time we have together, please take a few moments to fill out the sections below and bring with you to your consultation appointment. If more space is needed use the back of this sheet.

Your Key Concerns: List here your top 1-3 concerns regarding your situation.

What have you tried? Tell me a bit about what have tried to do to change the above concerns.

What has been the outcome of those efforts?

Your Key Goals: Please list the most important changes or improvements that you would like to see. What would you like to receive from our session(s)?

What else would you like to tell me that may be of importance?

INFORMED CONSENT STATEMENT

I, _____, hereby attest and agree to the following:

1. I understand that Mary Dravis-Parrish dba Enhanced Living LLC is certified in Access Bars®, Access Body Processes®, RESET, and is a certified facilitator and is ***not*** a licensed physician and cannot diagnose disease, prescribe drugs or recommend treatments for specific diseases.
2. I understand that Mary Dravis-Parrish does not claim or imply that with any advice, counsel, suggestions, recommendations or services that she may provide whether in person, by mail, by e-mail or by telephone will cure, treat, prevent or mitigate any disease condition.
3. I certify that Mary Dravis-Parrish has not suggested that I cease any medical care I may now be undertaking. I further state that the decisions I make regarding my health care or the health care of those under my guardianship are my responsibility and that I will not hold Mary Dravis-Parrish or Enhanced Living LLC accountable for any consequences of my decisions.

I further understand that I am responsible to pay for my scheduled appointment in full on the date such service is rendered. **If I miss an appointment without giving 24 hour notification, I understand I will be billed \$35 per missed hour of appointment**– except for approved emergencies.

I have read and understand the foregoing and agree to the terms and conditions as stated.

Dated this _____ day of _____, 20_____

Client's signature