**CONGRATULATIONS!**

**A NEW ME WELCOME PACKAGE**

Why the celebration? Because anytime you decide change is no longer an option but a necessity you will begin to experience a life that was created just for you, but not just any kind of life...the abundant life! In John 10:10 Jesus said, “The thief does not come except to steal, and to kill, and to destroy. I have come that they may have life and that they may have *it*more abundantly.” (NKJV) Sometimes life can act as a thief to steal our joy, kill our dreams, and make attempts to destroy our future.

On the contrary, Christ has come to give us abundant life even in the face of life that can pose as a great “thief.” To embrace this life means we must partner with the right person/people to help guide us on the right path towards our healing and restoration. While we, at A NEW ME, have a strong foundation in our faith, we understand life can negatively impact a person’s beliefs, image, reality, boundaries, and/or trust. The thieves of life (i.e. pain, sorrow, disappointment, betrayal, loss, traumas, etc.) can cause anyone to withdraw from life and find it difficult to cope with these new, expected, and/or recurring challenges.

For that reason, our A NEW ME Team is happy to assist you on your journey towards embracing A NEW ME. This will mean giving yourself permission to be vulnerable and transparent so you can be healed psychologically and spiritually. However, this is not always easy and can cause apprehension. Rest assured, this is normal. That is why we are so appreciative you have partnered with A NEW ME so that we can further understand your mental, emotional, and spiritual difficulties/situations. Please know we will go at your pace with care, patience, and empathy. We look forward to learning more about you during this process.

We provide practical and biblical solutions to those who have experienced the following: unresolved childhood trauma, abuse (sexual, mental, emotional, physical), women’s issues, grief, loss, transitions, depression, anxiety, divorce, widows, abandonment, and/or rejection. Our problem-solving solutions and approaches are to provide transformational support spiritually, emotionally, and mentally. We will work closely with our clients to assure they receive the proper care necessary to experience healing and wholeness on their time. We will work together to determine which approach is best for you.

**WHY IS DR. ESTRELITA BRUCE A GOOD CHOICE?**

There are a plethora of spiritual life coaches and counselors in our society today. It’s always great to have options but what’s most important is finding the “right fit” for you who can help meet your personal goals and needs. Dr. Bruce possesses a warm and non-judgmental persona that outwardly expresses character, virtue and a zest for life.

Her personal spiritual growth in Christ, experiences with loss, trauma, and life’s hardships coupled with her educational background and gifts has resulted in change for the lives of many. Because you have decided to partner with her, she will provide you with excellent service, products, inspiration, and a fresh perspective on life’s circumstances. Most of all, Dr. Bruce has over 15 years of Professional Christian Counseling/Spiritual Life Coaching experience and will provide you with a plan of action that will assist you in meeting your spiritual, emotional, and mental goals to discover your NEW ME.

**Dr. Bruce's Credentials:**

Prairie View A&M University: Bachelor of Science in Psychology - 2001

Prairie View A&M University: Master in Juvenile Forensic Psychology - 2003

Biblical Life Skills Institute: Certified Christian Counselor - 2005

Spiritual Life Coach - 2009

South Florida Bible College & Theological Seminary: Ph.D. in Christian Counseling - 2012

Grand Canyon University – Master of Science in Professional Counseling – 2020

-Future Licensed Professional Counselor in State of Texas

**Services: (Please check or TBD with Dr. Bruce)**

**\_\_\_**Spiritual Life Coaching

\_\_\_ Christian Counseling

**\_\_\_**A NEW ME: Life Transformation Program

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Services Location: (Please check your preference)**

**Due to COVID-19, All services will be Teletherapy or Virtual sessions ONLY.**

\_\_\_\_ Onsite Location

**\_\_\_\_ Confidential Virtual Video***\*By checking please be aware we may experience unforeseen technical difficulties that may be due to connection. This is a rare occasion. If necessary, we will continue the session via phone.*

\_\_\_\_ Phone Session

\_\_\_\_ Email/Text Communication

**Limitations & Disclaimer:**

Although we provide services from a biblical approach we will not impose our beliefs or values on you. Also, please understand, we are NOT licensed, professionals. Our credentials allow us to focus on assisting you from a Faith-Based Approach. We are aware that some problems are not within our professional capacity or expertise. In such cases, referrals to appropriate professionals will be provided.

**Our Schedule:**

All appointments for services must be discussed in advance with Dr. Estrelita Bruce. Some Saturday appointments are available from 9:00 am-12:00 pm. All appointments must be made in advance. Due to COVID-19, all services are provided virtually until further notice.

**Faith Based-Notice:**

(Required by law) The services you will receive are exclusively religious in nature and not subject to licensure or regulation by the State of Texas. We offer only non-medical treatment and recovery methods related to spiritual growth and guidance.

**Client’s Rights:**

Choosing A NEW ME for services is a voluntary act. You have the right to choose a professional who will best suit your needs. We will do our best to accommodate your needs, otherwise, we will offer you appropriate referrals.

**Services Policies:**

By checking the following you consent to:

\_\_\_I understand the services I will be receiving are exclusively religious in nature and not subject to licensure or regulation by the State of Texas. I understand that the services offered are non-medical treatment and recovery methods, such as prayer, moral guidance, spiritual counseling, and scriptural study.

\_\_\_I understand A NEW ME professional assumes no responsibility for my mental, emotional, physical, or spiritual health and that I must be willing to take full responsibility for my work during my growth process.

\_\_\_I understand that I may be given tasks to complete outside of the office and they must be completed before each visit.

\_\_\_I understand the A NEW ME fees and agree to pay for services when rendered unless special arrangements have been made.

\_\_\_I understand my methods of payment are by cash, check, PayPal, credit card, or other acceptable forms of payment, and A NEW ME does not accept insurance plans or coverage.

\_\_\_\_**I understand that I am required to give full 24-hour notice of cancellation. I will receive one excused missed session only. If I fail to contact within the 24-hour cancellation timeframe, I understand that it will result in a charge of $75.**

\_\_\_I understand that the policies I am reading prevent A NEW ME professionals from getting involved in any of my legal affairs. If we are subpoenaed, I understand there is a per diem charge of $1200 as well as a $250 per document (should reports be needed).

\_\_\_I hereby release A NEW ME and those affiliated with this company from any and all liability related to my visits.

**Confidentiality Policy:**

We observe confidentiality as required under state and federal law. If you were referred to us by an agency requiring documents related to your progress, you will be asked to sign a release of information found in this packet. However, no information about you is given to anyone outside of A NEW ME including parents, partners, employers, or other individuals unless:

1. We have your written permission.
2. We believe it is necessary to prevent clear and imminent danger to you or others.
3. You indicate that there is reasonable cause to believe that a child, dependent adult, or a vulnerable elderly person has been abused.
4. A court orders us to disclose confidential information about you. If this happens, we will first ask that the court dropped the order. If they refuse to drop their order, we will disclose only the minimum amount of information we deem necessary to satisfy the court’s order.
5. You waive the privilege by bringing charges against us.

**If you have any questions about confidentiality, please discuss with one of our A NEW ME professionals.**

I have read and understood this Disclosure Statement and I consent to A NEW ME Services. Additionally, I consent to the following:

\_\_\_ If my contact information changes, it is my responsibility to notify A NEW ME professional of this information.

\_\_\_ I will notify my A NEW ME professional if an appointment has to be changed (including reschedules or cancellations.)

\_\_\_ I will notify A NEW ME professional if I no longer need or want their services.

\_\_\_ I understand this information and have received my own copy of this form for my review.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have asked to be contacted by email or fax and I understand that the confidentiality of information transmitted email or fax cannot be guaranteed. Client initial here: \_\_\_\_

A NEW ME Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A NEW ME Client Intake Form Personal and Family Record**

Please give accurate and complete responses to every section of this form. If necessary, write in the margins or on the back.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Phone (home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Can we call you at work\_\_\_ home \_\_\_cell\_\_\_? (Check all that apply)*

Do you have internet access? \_ Yes \_ No Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of origin: \_\_\_\_\_\_\_\_\_\_\_\_\_ Do you speak any other languages? If so, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any hobbies or pastimes? Please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment**

Employed: \_ Yes \_ No Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time in that position:\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

Circle last year of school completed: 9 10 11 12 GED College 1 2 3 4 Post Grad

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s) obtained/Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:**

Married, how long? \_\_\_\_ Single, never married \_\_\_\_Engaged \_\_\_\_ Living together w/o marriage \_\_\_\_ Separated, how long? \_\_\_\_ Divorced, how long? \_\_\_\_ Widow/er, how long? \_\_\_\_

Spouse Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Happy in this marriage? Yes \_\_ No \_\_ Total marriages for you: \_\_\_ for your spouse: \_\_\_

**Children/Others Living in Your Residence:**

Name Age Sex Relationship to you living in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency contact:**

Please give the name and phone # of someone I may reach in the event of an emergency, or if I need to reach you urgently and cannot:

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

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

Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Life Coaching/Counseling/Programs History:**

Have you ever been to (counseling) or have received (Life Coaching) for any reason? (circle one or both) Yes \_ No\_

If yes, for what reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life/Coach or Counselor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently working with any other counselor or Life Coach? Yes \_ No\_

If yes, for what reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently involved in any support groups or programs? Yes \_ No\_ (If yes, please list below.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your counseling/life coaching goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who referred you to our services or how did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Description of Presenting Problem:**

Please state why you decided to come for our services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please state what you want to work on more specifically: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How long has this been a problem for you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe the intensity of the problem?

\_\_\_\_\_\_\_\_\_\_\_ Mild \_\_\_\_\_\_\_\_\_\_ Moderate \_\_\_\_\_\_\_\_\_\_\_\_\_Serious \_\_\_\_\_\_\_\_\_\_Severe

Please indicate the areas you would like to address if possible numbering them in order of priority:

\_\_\_\_ Relationship

\_\_\_\_ Emotional

\_\_\_\_ Behavioral

\_\_\_\_ Work issues

\_\_\_\_ Finances

\_\_\_\_ Parenting

\_\_\_\_ Addictive tendencies

\_\_\_\_ Health-related issues

\_\_\_\_ Stress and anxiety

\_\_\_\_ Depression

\_\_\_\_ God

\_\_\_\_ Unresolved Traumas

\_\_\_\_ Childhood issues

\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Describe your overall health status:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary care physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*May I have your permission to communicate with your physician if it seems advisable?*

*\_ Yes \_ No*

**Medications and Substances used:**

If applicable, please list all medications you are now taking or have taken within the past three months, including birth control pills, vitamins, herbs, and supplements. Include:

Medication – Dosage - Duration - Benefits (Received Prescribing Doctor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you use tobacco products Yes \_ No\_Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How often?\_\_\_\_\_\_

Do you use marijuana? Yes \_ No\_ How often? \_\_\_\_\_\_

What other substance do you use and how often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you drink alcohol? Yes \_ No\_

How much do you drink? \_\_\_\_\_\_\_How often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to do assignments in between our sessions? \_ Yes \_ No

Do you prefer to receive assignments? \_ Yes \_ No

**Credit Card Authorization:**

I authorize A NEW ME: Transparently, Abundantly, LLC to charge my credit/debit card as indicated below:

Type of Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Security code: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

I understand that if I miss an appointment or cancel without 24 hours notice, the credit card on file will be charged according to the late cancellation/no-show policy ($75).

I understand that if I have a balance on my account, A NEW ME: Transparently, Abundantly, LLC will charge my credit card for the fees.

I understand that if I provide a new or additional card that is not listed on this form I am giving permission for it to be charged under the same criteria.

I understand this credit card will be charged the allowable amount.

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

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

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A NEW ME Financial Services Contract Financially Responsible Person’s Information:**

Client’s relationship to the person responsible for payment: \_ Self\*\* \_ Spouse \_ Child \_ Other. If you checked “self” then you (the client) do not need to complete the general info below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Phone (home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Can we call you at work\_\_\_ home \_\_\_cell\_\_\_? (Check all that apply)*

**Services plans and pricing\*:**(Please indicate the service you are requesting.)

**\_\_\_**Initial Session – Required For all New Clients $179.00 (1 – 60 Minute Session) \*Waived if you choose a plan.

\_\_\_ \*Discussed special arrangements with Dr. Bruce. (Please check this if you’ve already made personal financial arrangements with Dr. Bruce.)

*\*No need to complete “Services for Returning Clients” if special arrangements have been made with Dr. Bruce.*

**Services Plans and Options:**

Details of “Services Plans & Pricing” can be viewed online at www.anewmedre.com.

\_\_\_ Paid by an organization.

\_\_\_ Professional Christian Counseling – Pay as You Go. No plan required. ($159) Initial session fee ($179) required for this option for new clients.

\_\_\_ Professional Christian Counseling – 1 Session per Month - 3 Month Plan ($139)

\_\_\_ Professional Christian Counseling – 1 Session per Month - 6 Month Plan ($119)

\_\_\_ Professional Christian Counseling – Bi-Weekly Sessions - 3 Month Plan ($199)

\_\_\_ Professional Christian Counseling – Weekly Sessions - 3 Month Plan ($319)

\_\_\_ Professional Christian Counseling – Unlimited Sessions ($599)

Other plan chosen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Arrangements:**

Either you will receive an invoice for the payments (after discussing the payment amount with Dr. E) or if you choose a plan, automatic payments will be made monthly per the date you chose the plan. Payments must be paid in full before service is rendered. Payment plans must be discussed and arranged before any service can be rendered. Payments sent via invoice can be paid using PayPal or Credit Card option. Please initial if you are in agreement with this: \_\_\_\_

**Forms of Payment:**

\_\_\_\_ Credit Card \_\_\_\_ Checks (Payable to: A NEW ME.) \_\_\_ Cash \_\_\_ Invoice/PayPal \_\_ Other

**Terms of Agreement:**

**\_\_\_\_**All payments must be paid in full before rendering service unless payment plans have been arranged.

\_\_\_\_I have discussed the fee schedule with my Professional.

\_\_\_\_I fully understand the fees associated with the services that will be provided.

\_\_\_\_I agree to pay the fees (in full) associated with the services that I have chosen.

\_\_\_\_I understand A NEW ME does not accept insurance as a form of payment and solely responsible for all fees associated with the services.

\_\_\_\_**I understand that I am required to give full 24-hour notice of cancellation. I will receive one excused missed session only. If I fail to contact within the 24-hour cancellation timeframe, I understand that my credit card will be charged $75.**

\_\_\_\_I understand if I do not pay the fees that I have agreed to, my account will be escalated to a collection agency which is subject to affect my credit.

My Life Coach/Counselor has reviewed this A NEW ME Welcome Packet. By signing I understand and agree with these terms.

CLIENT NAME (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT NAME (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_

PARENT OR GUARDIAN IF MINOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_