Heal and Rise Solutions

Client Intake Form & Legal Waiver

Wellness • Healing • Personal Growth Coaching

*This form is **REQUIRED** and must be fully completed and signed **BEFORE** your first session. **No** coaching will begin without it.*

INSTRUCTIONS:

Please download this questionnaire and waiver, fill it out, and email it back to me at sales@healandrisesolutions.com.

For your security and privacy, I avoid using platforms like Google Drive to ensure your information stays protected. Your responses are confidential and will only be used to create your personalized coaching plan.

If you prefer, you can also print and send it back in scanned form or jpg form via email at sales@healandrisesolutions.com.

PART 1: Client Information

Full Name: _____
Email: _____
Phone: _____
Date of Birth: _____
How did you hear about us? _____
_____

PART 2: Health & Participation Disclosure

Check all that apply

- [ ] I am in good physical and mental health
- [ ] I have consulted a doctor and am cleared for wellness activities (breathwork, meditation, etc.)
- [ ] I have **NOT** consulted a doctor but assume full responsibility
- [ ] I currently take medication or have a medical condition (please list):

[_____]

[_____]

[_____]

PART 3: LEGAL WAIVER & RELEASE

****Please read carefully before signing****

> I understand that Heal and Rise Solutions is NOT a medical, psychological, or therapeutic practice.
> The coaching, guidance, and information provided are educational, spiritual, and personal growth in nature only and are not intended to diagnose, treat, cure, or prevent any disease or mental health condition.

I acknowledge and agree:
> 1. I am voluntarily participating and assume all risks, including physical injury, emotional distress, or financial loss.
> 2. I am solely responsible for my health decisions and will consult a licensed healthcare provider if needed.
> 3. No guarantees are made about outcomes, healing, or results.
> 4. To the fullest extent permitted by law, I release and discharge Heal and Rise Solutions, its owners, coaches, and affiliates from any and all liability, claims, or damages — even if caused by negligence.
> 5. I am 18 years or older and legally competent to sign this agreement.
> 6. This agreement is binding upon submission and has the same legal effect as a handwritten signature.

Client Full Name (Print): [_____]

Signature: [_____]
(Typing your name = legal signature under the E-SIGN Act)

Date: [_____]

For Office Use Only
Received: _____ | Session Start: _____ | Coach: _____

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Heal and Rise Solutions

Initial Client Wellness Intake Questionnaire

Thank you for reaching out to Heal and Rise Solutions. This short questionnaire helps me understand your health journey so we can tailor our coaching to your needs. Drawing from holistic experts it focuses on key areas like symptoms, environment, and lifestyle without diving too deep. It should take about *5-10 minutes* to complete.

Your answers are confidential and will guide our work together. Be as open as you feel comfortable—every detail helps me support you better. Once submitted, I'll review it and contact you to schedule your Clarity Call.

Privacy Note: All information is kept secure and used only for your personalized coaching plan.

Section 1: Basic Information

1. Full Name: _____

2. Email: _____

3. How did you hear about Heal and Rise Solutions? (e.g., email, website, referral)

_____

_____

Section 2: Your Health Snapshot

4. **What's your main reason for reaching out?** (e.g., feeling tired all the time, trouble focusing, or wanting to check if mold is an issue)

_____

_____

_____

_____

_____

_____

5. **How long have you been dealing with this?** (e.g., weeks, months, years)

_____

Any events around when it started? (e.g., moved to a new home, major stress)

_____

_____

_____

_____

6. **Top Symptoms:** Check any that apply and rate their severity (0 = None, 10 = Severe) over the past month.

- Fatigue/Low Energy: _____ /10
- Brain Fog/Difficulty Focusing: _____ /10
- Anxiety or Low Mood: _____ /10
- Aches or Pains: _____ /10
- Digestive Issues (e.g., bloating): _____ /10
- Other (please specify):

_____ Severity: _____ /10

_____ Severity: _____ /10

_____ Severity: _____ /10

_____ Severity: _____ /10

_____ Severity: _____ /10

7. **Do symptoms change based on location?**
   - Worse at home: Yes / No / Unsure
   - Worse at work or another place: Yes / No / Unsure Where?

_____

_____

   - Better when away (e.g., on vacation): Yes / No / Unsure

_____

_____

Section 3: Your Environment
Mold and toxins can play a big role in health, so let's check your surroundings

8. **Home Observations:**
   - Any past leaks, flooding, or damp smells in your home? Yes / No / Details:

_____

_____

   - Any discoloration on walls/ceilings (e.g., yellow or brown stains)? Yes / No / Where:

_____

_____

   - Any black or green growth in bathrooms, windows, or basements? Yes / No / Where:

_____

_____

9. **Other Exposures:** Any contact with strong chemicals (e.g., cleaning products, pesticides) or musty environments?

_____

_____

Section 4: Lifestyle Basics
Inspired by leading experts nutrition insights.

10. **Diet:** What does a typical day of eating look like? (e.g., lots of processed foods, mostly whole foods, low-carb)

_____

_____

_____

_____

_____

_____

_____

11. **Sleep & Sunlight:**
   - Do you get morning sunlight? (Minutes per day) _____

   - Trouble sleeping? Yes / No / Describe: _____

_____

12. **Stress & Activity:**
   - Stress level (0 = None, 10 = Extreme): _____ /10

   - Any regular movement? (e.g., walking, stretching) _____

   - What do you do in a day for exercise? _____

_____

_____

_____

Section 5: Your Goals
13. **What's 3 things you hope to achieve with coaching?** (e.g., more energy, less brain fog, safer home environment)

_____

_____

_____

_____

_____

14. **Anything else you'd like me to know?** (e.g., past treatments, current struggles, or questions)

_____

_____

_____

_____

_____

_____

Thank you for sharing your story—it's the first step to rising stronger. Please email the completed required waiver & questionnaire to sales@healandrisesolutions.com so we can continue on this journey together. Once completed I'll reach out to schedule your Clarity Call.

With hope and support,
Uncle Carlos
Founder, Heal and Rise Solutions