

Consent For Treatment

Robyn J. Pichler, Psy.D.

Welcome. My Soul Focused Healing practice is based on the belief that we all have the capacity to heal given the ability to access our resources, both internal and external. Choosing Soul Focused Healing is a significant decision. You may be seeking help through a situation that affecting your mind, body and spirit. You may be looking for change for yourself as you move through a place in your life you find challenging. You may be confused about what you need and are looking for answers. I see my job as that of a partner helping you move through these issues while giving you a safe place to do so.

Below is information for you to know as you make the decision to participate in Soul Focused Healing. Please read through the material and let me know if you have questions

****Ideally, our work together includes open communication. If there is something you do not understand or have a question or comment, I hope you will feel free to bring it up. Healing does not always feel easy and can be uncomfortable as it brings up physical or emotional issues in unexpected ways. Being able to talk about that is important.**


****Soul Focused Healing is not counseling/psychotherapy or medical treatment, nor does it provide formal diagnoses. This form of healing does not replace any medical treatment including but not limited to medication, psychotherapy, diet, or surgery. I do not bill insurance or interact with them in any way.**

****Your confidentiality is very important to me and I make every effort to protect your privacy and confidentiality. Your written permission is required for me to release any information about you. If there is child or elder abuse revealed, or suicidal or homicidal behavior disclosed, confidentiality may be compromised. My response to these situations will have the goal of keeping everyone safe, including and especially you.**

**** I understand that Soul Focused Healing is a Fee-for-Service practice, so payment is due at the time the session is received.**

**** Please provide a 24 hour notice if you need to reschedule or cancel your appointment. A full charge will be applied to appointments not canceled 24 hours in advance.**

**** By signing this form, you are stating that you understand the content of this treatment consent and agree to these terms.**

 I agree that by typing my name below and returning the form to Dr. Pichler, this will constitute a legal signature. Please save to your computer then send as an attachment to Dr. Pichler. If you prefer, you may print this form then sign, scan, and send as an email attachment. Click: drrobynichler@gmail.com

Signature _____ Date _____

Name (printed) _____

Robyn J. Pichler, Psy.D.
Advanced Soul Focused Healing Practitioner

Client Intake Form

Name _____ Date _____

Address _____

City _____ State or Country _____

Zip Code _____ Phone _____ Alternate Phone _____

Email Address _____

Date of Birth _____ Age _____

Occupation _____

Living Situation (Married, partnered, roommates, live alone, pets)

By whom were you referred? _____

Emergency Contact Information

Emergency Contact Name _____

Relationship to you _____ Phone Number _____

Do you give permission for me to contact this person in case of emergency?

Yes _____ No _____

Client Information

Briefly describe what brings you in at this time

List any medical conditions (asthma, ulcers, diabetes, heart disease, cancer, etc.)

Current medications

Traumas, accidents or surgeries

Have you experienced energy healing before? If so, please describe

What do you hope to get out of your Soul Focused Healing Session?

Please add anything you would like for me to know about you and your reason for seeking Soul Focused Healing Session:

Thank you!