 **Kindle Health** at **Fox Song Farm**

**Faith Richardson, DNP RN**

Health & Wellness Counseling/Coaching

I help people re-kindle their joy

**Intake form and Informed consent**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client contact information** | | **Emergency contact information** | |
| **Name** |  | **In the event of emergency, notify:** |  |
| **Date of birth** |  | **Relationship to client** |  |
| **Address** |  | **Medical information** | |
| **City** |  | **Physician and phone number** |  |
| **Postal Code** |  | **Health care professional who referred you to KH/FSF** |  |
| **Phone number** |  | **Medical diagnoses (highlight or circle)** | Asthma Allergies \_\_\_\_\_\_\_\_\_\_  Arthritis Alzheimer’s  Anxiety Brain injury  COPD Cancer  Diabetes Depression  Drug, alcohol, substance abuse  Eating disorder Endocrine disease  Heart disease High blood pressure  Kidney disease Liver disease  Mobility issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phobia/Panic/PTSD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thyroid disease Stroke  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email address** |  |
| **Preferred contact** |  | **Please list all medications you routinely take** |  |
| **Can we leave confidential messages?** |  |
| **How did you hear about Kindle Health/Fox Song Farm?** |  | **My primary reason for coming to Kindle Health/Fox Song Farm** |  |
| **What I most hope will happen as a result of my session(s) at Kindle Health/Fox Song Farm** |  | | |

**Please rate any symptoms or concerns noted in the table below:**

| **I experience:** | **Never** | **Seldom** | **Often** | **Always** | **Describe: For how long? When?** |
| --- | --- | --- | --- | --- | --- |
| Pain |  |  |  |  |  |
| Worry |  |  |  |  |  |
| Fear or phobia |  |  |  |  |  |
| Discomfort socially |  |  |  |  |  |
| Guilt |  |  |  |  |  |
| Panic attacks |  |  |  |  |  |
| Stress |  |  |  |  |  |
| Recurring distressing thoughts |  |  |  |  |  |
| Flashbacks reliving trauma |  |  |  |  |  |
| Avoidance of people |  |  |  |  |  |
| Nightmares |  |  |  |  |  |
| Difficulty sleeping |  |  |  |  |  |
| **I am feeling:** | **Never** | **Seldom** | **Often** | **Always** | **Describe: For how long? When?** |
| Decreased interest; apathy |  |  |  |  |  |
| Loneliness |  |  |  |  |  |
| Despair about living |  |  |  |  |  |
| Grief; loss |  |  |  |  |  |
| Exhausted |  |  |  |  |  |
| Hopeless |  |  |  |  |  |
| Self-blaming; guilt |  |  |  |  |  |
| Just plain sad |  |  |  |  |  |
| Like a fraud |  |  |  |  |  |
| Like something’s missing |  |  |  |  |  |
| **I notice: (or my partner/friend’s notice)** | **Never** | **Seldom** | **Often** | **Always** | **Describe: For how long? When?** |
| I am angry or irritable easily |  |  |  |  |  |
| I am hyper and can’t relax |  |  |  |  |  |
| I am sick all the time |  |  |  |  |  |
| I am just too tired |  |  |  |  |  |
| I am always working |  |  |  |  |  |
| I am always left behind |  |  |  |  |  |
| My moods fluctuate (are very up and very down) |  |  |  |  |  |
| I am sad and overwhelmed |  |  |  |  |  |
| I ‘shut down’ and distance from family/friends/colleagues |  |  |  |  |  |
| **I have …** | **Never** | **Seldom** | **Often** | **Always** | **Describe: For how long? When?** |
| Memory problems |  |  |  |  |  |
| Chronic pain |  |  |  |  |  |
| Difficulty concentrating |  |  |  |  |  |
| Been physically harming myself |  |  |  |  |  |
| Been violent toward myself or others |  |  |  |  |  |
| Had intrusive or strange thoughts |  |  |  |  |  |
| Risk taking behaviors |  |  |  |  |  |
| Difficulty believing I can be happy |  |  |  |  |  |
| Difficulty making or keeping friends |  |  |  |  |  |
| Difficulty liking or protecting myself |  |  |  |  |  |

Informed Consent

**Welcome to my ecotherapy practice, providing nature and equine connections with health and wellness counseling and coaching. I’m looking forward to meeting you! This, along with the other new client forms, constitute an agreement between us. Please read them carefully, and complete them to the best of your ability as it will help build a firm foundation for our work together. Let me know if you have any questions while filling them out.**

***Ecotherapy and how to prepare***

**Ecotherapy means that nature is at the core of our work together. We will be meeting at Fox Song Farm, home to a small herd of horses, chickens, and goats. You will be surrounded by trees, fields, many different birds, and may see wild rabbits and feral peacocks. I occasionally see our resident foxes, and if you are around at dusk, you may hear them as well as coyotes. Depending on weather, we may have our session outdoors among the trees in the field, or in stable yard, under a horse shelter or in the barn office. Please dress comfortably for the season—and in our climate, that often means multiple layers! You will want to consider a straw hat and sturdy shoes in summer, and a rain hat, gloves, and water proof boots in the winter. Please choose washable clothes—recognizing that you will be on a farm and in contact with soil/mud, plants, and animals!**

***Person-centered counseling/coaching and health and wellness mentoring/coaching***

**Although there are many similarities between coaching and psychotherapy, such as a shared understanding of human behavior motivation and interactive counseling techniques, important distinctions are the difference in power dynamics, session goals, and activities. Person-centered counseling/coaching is focused on the development and implementations of strategies to reach client-identified goals. Coaching may address specific personal projects, life balance, self-care, role transitions, career goals, or more general concerns about life, ageing, relationships. Many clients are seeking to reconnect with self and a renewal of purpose, resetting of goals, and moving joyfully into the next stage of life or career. Others have goals to improve self-care, either to manage or prevent chronic disease or pain. For example, developing resilience to the stresses of life and career can greatly reduce blood pressure and reduce the amount of medication, as well as prevent chronic disease sequela.**

***Nature-connections and equine work***

**Nature connections can include observation walks or ‘sits,’ creative or reflective activities held outside, or time spent with the horses. Equine work can be observational over-the-fence, or a direct contact activity. Contact activities may include grooming, walking with a horse, taking a horse through an obstacle course at liberty, or simply spending time inside the horse field with the herd. No horse experience is necessary, there is no riding, and you are never left alone with a horse or horses. If at any time you do not want to do an activity, please say, ‘no,’ and explain why, so that a better-fitting activity can be offered you.**

***Fees and bookings***

**The fee structure is available online at** [www.faithrichardson.info](http://www.faithrichardson.info)**. Bookings are available through the website or by email** [kindlemyhealth@gmail.com](mailto:kindlemyhealth@gmail.com) **. Sessions and events need to be paid in advance, either by Paypal (credit cards or debit), by e-transfer, or by check. If you cannot make a session, please let me know as far in advance as possible so the time can be used by someone else. Although there are no refunds for sessions, you may re-book paid sessions, as per availability, up to one year after your cancelation.**

**Please check each box and sign and date below:**

* **I have read this agreement and have had any questions answered to my satisfaction.**
* **I have completed the intake form.**
* **I have read through the Pre-session Safety Lesson.**
* **I have read through the Fox Song Farm rules and signed the waiver.**

**Name: Signature: Date:**