



Blessings,

I want to applaud you for your courage and willingness to take the first step in your healing journey. This will not be an overnight or linear process. You'll experience many challenges and may even question your ability to get through those times. Know that I believe in you and your ability to rise from your challenges. I believe in the mind-body connection to help heal the stress and traumas of our past and embody the wholeness of our Soul. It is my intention to help my clients tap into the wisdom of their own experiences so that they can create an empowered life.

- I support my clients with a loving and sacred space as they reclaim their wholeness
- I support my clients with regulation tools that embody self-awareness and safety
- I support my clients with their process as they discover their own innate resiliency
- I support my clients with the tools of a growth mindset that allows for freedom

The following confidential client intake form is designed to allow me to identify key areas in your life to focus on. As you will discover, this goes into many areas of your life with the understanding that each area has an impact on your ability to live the balanced, fulfilling, healthy life that you truly want.

As with any program, the key to success starts with YOU! If you are committed to showing up authentically and fully, you will experience amazing results.

Here's to your success!

A large, stylized handwritten signature in black ink, appearing to be "Jennifer Emperador".

Jennifer Emperador

“And suddenly you know...It's time to start something new and trust the magic of beginnings”

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Name (Last, First)	Telephone:
Email:	
Address:	
City/State/Zip:	Birthdate:

SELF-EVALUATION

Please rate yourself in the following areas of your life CURRENTLY from 1-10 (“1” being the least satisfied or lowest rating and “10” being the ultimate or ideal rating.) It is important for you to be extremely honest, giving the number that best represents your PRESENT situation.

Mental and Emotional Health

Self-Confidence/Esteem _____ Intelligence/Education (overall) _____
Ability to complete projects/commitments _____ Overall Stress Level (1 low, 10 high) _____

Physical Health

Energy Level _____ Rest/ Sleeping Habits _____
Exercise Habits _____ Eating Habits _____
Overall satisfaction of health _____

Relationship Health

Personal/Family _____ Quality of friendships _____
Ability to communicate effectively _____ Business Relationships _____



Joyful Living

Balance/ Harmony in your life (overall)	_____	Hobbies/Recreational activities	_____
Ability to have fun - Laughter/Humor	_____	Adventure/Travel/Vacations	_____
“Recharging Activities”: Spa, Mediation, Read	_____		

Work Environment

I feel that I am in the right career _____

My work environment is inspiring _____

Clutter Level (1 very cluttered, 10 very neat) _____

Organization (1 very disorganized 10 very organized) _____

GENERAL HEALTH INFORMATION

Briefly describe history of health, illness and general health.

Describe any drug use, both prescription and recreational

Describe any current addictions, including food, alcohol and cigarettes



INFANCY, CHILDHOOD & FAMILY INFORMATION

Describe your parents' relationship (past & present). Any other significant care givers?

What did you not like about your mother, father, caregivers?

Briefly describe your infancy and childhood.

List age and details of childhood injuries, surgeries, illnesses, accidents and/or emotionally traumatic events.

List any recent injuries, surgeries, illnesses, accidents and/or emotionally traumatic events.



RELATIONSHIP INFORMATION

Describe current or most recent primary relationship. Married or have you been married? Children (age & gender of each)?

Discuss significant attitudes about sex. How you feel about your sexuality?

EMOTIONAL ANATOMY

Describe any current or recent emotional issues.

List forms of past or present therapy. Describe any prior emotional process work. List medications.

What is your most negative thought about yourself?



What is your most negative thought about life?

What is your most negative thought about relationships?

What is the emotion that is easiest for you to express (anger, sadness, fear, joy)? _____

What is the emotion that is the most difficult or least often expressed? (anger, sadness, fear, joy)?

What are your major fears? How do you deal with fear?

What are your major angers? How do you deal with anger?

Briefly describe any spiritual or religious beliefs.



What would you like to accomplish with this work?

I, _____ **AGREE TO**

PARTICIPATE WITH JENNIFER EMPERADOR IN THE PROCESS OF MY HEALING JOURNEY.

I UNDERSTAND THE NATURE OF THIS MIND-BODY PROCESS, AND I REALIZE IT IS NOT PSYCHOTHERAPY OR A SUBSTITUTE FOR PSYCHOTHERAPY. I TAKE FULL RESPONSIBILITY FOR CONSULTING WITH A MEDICAL DOCTOR OR THERAPIST REGARDING ANY CONCERNS ABOUT MY PARTICIPATION. I AGREE TO HOLD JENNIFER EMPERADOR HARMLESS FOR ANY COMPLICATIONS RESULTS FROM THIS WORK.

Client Signature

Date

Jennifer Emperador, Practitioner

Date

Disclaimer: Sol Discovery does not provide medical diagnosis, or consultations related to health, medical or psychiatric issues; nor does it serve as substitute for medical or psychological diagnosis and treatment. It is recommended you see a licensed physician or licensed healthcare professional for any physical or psychological ailments you may have.

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