

# ARUKAH

*Heal, Restore, Rebuild, Wholeness*

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## WELLNESS INTAKE PACKET

Fitness · Bioenergetic Wellness Scan · Symptom Check-In

### INSIDE THIS PACKET

- Form A Fitness & Wellness Release
- Form B Bioenergetic Wellness Scan Consent
- Form C Wellness & Symptom Check-In
- Form D Acknowledgment & Signature

*Please complete every page in full. Once we receive your packet we'll reach out to schedule your consultation and first session. If a question does not apply, simply write "N/A."*

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## FORM A · FITNESS & WELLNESS RELEASE

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*Please read this section in full before signing. It affects your legal rights.*

### 1. Activities Covered

This Release applies to my participation in fitness classes, wellness programs, nutrition and lifestyle education, workshops, and any related activities offered by Arukah and LifeCare.

### 2. Nature of the Programs

I understand that some of the Programs involve physical activity and may include exercise. I understand that physical activity carries inherent risks of injury, including minor strains, major injuries, and, in rare cases, serious harm.

The Programs are educational and wellness-oriented. They are not medical, psychological, or psychiatric treatment, and Arukah's instructors are not licensed to diagnose, treat, cure, or prevent any disease or condition.

### 3. My Responsibility to Consult a Physician

It is my responsibility to consult a licensed physician before beginning any fitness or wellness program, especially if I am pregnant, have a chronic condition, take prescription medication, or have been told by a medical professional that my health limits my physical activity. I represent that, to the best of my knowledge, I am able to participate in the Programs, and I will stop and seek care if I experience chest pain, shortness of breath, dizziness, or any other warning sign during an activity.

### 4. Assumption of Risk

I knowingly and voluntarily assume all ordinary risks of participating in the Programs, whether those risks are known or unknown to me at the time I sign this form.

### 5. Release of Liability

To the fullest extent permitted by Florida law, I release, waive, and forever discharge Arukah and LifeCare and its directors, officers, employees, contractors, instructors, volunteers, and agents from any and all claims, demands, causes of action, damages, costs, and expenses (including attorneys' fees) arising out of or related to my participation in the Programs, including those caused by the ordinary negligence of Arukah.

This Release does not apply to, and I do not waive, any claim based on gross negligence, intentional misconduct, or any other conduct that cannot be waived as a matter of Florida law.

### 6. Educational Purpose; Not Medical Advice

All content presented in the Programs — including verbal instruction, handouts, videos, and supplement or lifestyle suggestions — is the informed opinion of Arukah and its instructors, drawn from their training and experience. It is provided for educational and wellness purposes only. It is not medical advice, and it does not replace the advice of a licensed physician,

pharmacist, or mental-health professional. At my discretion, I will consult a qualified professional before changing medications, starting new supplements, or making significant changes to a medical treatment plan I may be following.

## 7. Minors — Parent or Legal Guardian Waiver

### **NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN ACTIVITIES OFFERED AND AGREED UPON. YOU ARE AGREEING THAT, EVEN IF ARUKAH USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE INJURED IN SOME WAY BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN ANY FITNESS/ WELLNESS ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ARUKAH IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING ANY HARM (TO WHATEVER DEGREE), TO YOUR CHILD OR ANY PERSONAL PROPERTY DAMAGE THAT MAY RESULT BY PARTICIPATING IN ANY OF THE ACTIVITIES.**

If I am signing this form as the parent or legal guardian of a minor, I represent that I have full legal authority to do so, and I agree that this Release applies to the minor as well as to me.

## 8. General Terms

- **Governing Law.** This Release is governed by Florida law.
- **Venue.** Any legal action related to this Release will be brought in the state courts of the Florida county where Arukah is principally located.
- **Severability.** If any part of this Release is held unenforceable, the rest remains in effect.

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## FORM B · BIOENERGETIC WELLNESS SCAN CONSENT

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*This form applies if you choose to receive a bioenergetic wellness scan from a trained individual from Arukah (sometimes described as an “AO Scan” or “frequency scan”). Please read it carefully. It explains what the scan is, what it is not, and what you are agreeing to.*

### **IMPORTANT — PLEASE READ FIRST**

A bioenergetic scan is not a medical diagnosis, and no scan we perform should be used in place of care from a licensed physician, nurse practitioner, or other licensed healthcare provider.

If you are experiencing symptoms such as chest pain, difficulty breathing, a suspected stroke, an undiagnosed lump, severe abdominal pain, suicidal or homicidal thoughts, or any other symptom that feels urgent, please stop and call 911 or go to the nearest emergency department before continuing with this packet. For crisis support, call or text 988 (Suicide & Crisis Lifeline).

### **1. What I Am Consenting To**

I, the undersigned, have chosen to participate in a bioenergetic wellness scan provided by Arukah. The scan is performed by an Arukah wellness advocate using a third-party service that is marketed as measuring the body’s energy field and reporting perceived areas of imbalance.

### **2. Who Is Performing the Scan**

The Arukah wellness advocate who performs my scan:

- Is not a physician, nurse, physical therapist, psychologist, clinical social worker, mental-health counselor, or any other healthcare provider licensed by the State of Florida, unless that advocate has separately disclosed a specific license to me in writing.
- Is using the device to facilitate an educational, wellness-oriented conversation, not to provide medical care.
- Will not diagnose, treat, cure, or prevent any disease, condition, or injury, and will not prescribe, recommend, or dispense prescription medication.

### **3. What the Scan Is — and What It Is Not**

I understand and acknowledge the following:

1. The scan is educational in nature. It produces an output based on the device’s proprietary algorithms; that output is the starting point for a wellness conversation, not a medical report.
2. The device used for the scan is not cleared or approved by the U.S. Food and Drug Administration to diagnose, treat, cure, mitigate, or prevent any disease. The FDA has not evaluated the statements made about the device’s performance.

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3. The scan is not generally accepted within conventional medicine. Medical insurance generally does not cover the scan, and Arukah does not submit claims.
  4. The scan can never replace a medical examination, laboratory testing, imaging, a mental-health evaluation, or any other assessment performed by a licensed professional.
  5. Any suggestions the Arukah advocate makes about lifestyle, nutrition, supplements, or self-care are offered for educational purposes and are not a substitute for the advice of a licensed provider. Before starting, stopping, or changing any medication or treatment, I will consult a licensed professional.

#### **4. My Representations**

1. I am at least 18 years of age, or a parent or legal guardian is signing on my behalf.
2. I am acting of my own free will. No one from Arukah has promised me a specific health outcome, result, or improvement.
3. I am requesting this scan for my own wellness interest and not for use in litigation, insurance claims, or any legal proceeding.
4. I am not acting as an agent of any regulatory body and I am not using this session to evaluate the practices of Arukah for enforcement purposes.

#### **5. Payment**

Payment for the scan is due at the time of service unless arranged otherwise. Current fees will be provided to me before the scan begins or the cost will be included in the package I purchase.

#### **6. Release of Liability**

To the fullest extent permitted by Florida law, I release, waive, and forever discharge Arukah and/or LifeCare and its directors, officers, employees, contractors, advocates, volunteers, and agents from any and all claims, demands, causes of action, damages, costs, and expenses (including attorneys' fees) arising out of or related to my participation in a bioenergetic wellness scan, including those caused by the ordinary negligence of Arukah.

#### **7. Confidentiality & Governing Law**

Arukah will treat the results of my scan and anything I share during the session with care and will discuss them only within Arukah and LifeCare's supervisory structure or with my written permission. Arukah may still be required to disclose information in the situations listed in the Informed Consent & Services Agreement in our general intake packet — including suspected child or vulnerable-adult abuse reports under Chapters 39 and 415, Florida Statutes, and imminent-danger situations. This form is governed by the laws of the State of Florida, and any legal action related to this form will be brought in the state courts of the Florida county where Arukah is principally located.

## FORM C · WELLNESS & SYMPTOM CHECK-IN

### PLEASE READ BEFORE CHECKING ANY BOXES

The next few pages are a wellness check-in, not a medical questionnaire. The way you fill them out does not diagnose, rule in, or rule out any condition.

If any item you would check feels urgent, please stop and contact a licensed provider today — especially any of the following: chest pain, severe shortness of breath, a new or changing lump, unexplained bleeding, severe abdominal pain, signs of stroke, a high fever in a child, a suspected infection during pregnancy, or a rapid change in mood or thinking.

If you are in crisis, having thoughts of harming yourself or someone else, or feel unsafe for any reason, please call or text 988, call 911, or go to the nearest emergency care facility.

### How to Complete These Pages

- Check any item that has been a noticeable concern for you over the past 12 months.
- If an item is in the past but resolved, write an “R” next to it.
- If you are unsure, leave the box blank and we’ll talk it through together.
- Leave anything blank that you’d rather discuss in person.

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|--|---|---|
| <input type="checkbox"/> 501 Acne                          | <input type="checkbox"/> 546 Emphysema                    | <input type="checkbox"/> 573 Multiple Sclerosis         |
| <input type="checkbox"/> 705 Addiction                     | <input type="checkbox"/> 711 Endometriosis                | <input type="checkbox"/> 739 Muscle Cramps              |
| <input type="checkbox"/> 502 Addiction, Alcohol            | <input type="checkbox"/> 547 Epilepsy                     | <input type="checkbox"/> 719 Muscle Tone, Poor          |
| <input type="checkbox"/> 753 Addiction, Chocolate          | <input type="checkbox"/> 691 Epstein-Barr Syndrome        | <input type="checkbox"/> 740 Muscle Weakness            |
| <input type="checkbox"/> 717 Addiction, Cigarette          | <input type="checkbox"/> 638 Euphoric (loss of awareness) | <input type="checkbox"/> 574 Muscular Dystrophy         |
| <input type="checkbox"/> 540 Addiction, Drug               | <input type="checkbox"/> 655 Exhaustion                   | <input type="checkbox"/> 576 Myositis                   |
| <input type="checkbox"/> 648 Aggression                    | <input type="checkbox"/> 548 Fatigue                      | <input type="checkbox"/> 577 Myositis Ossificans        |
| <input type="checkbox"/> 734 AIDS                          | <input type="checkbox"/> 712 Fever                        | <input type="checkbox"/> 639 Nail Growth, Poor          |
| <input type="checkbox"/> 502 Alcoholism                    | <input type="checkbox"/> 773 Fibromyalgia                 | <input type="checkbox"/> 637 Nails, Ridges on           |
| <input type="checkbox"/> 503 Allergies                     | <input type="checkbox"/> 549 Fractures                    | <input type="checkbox"/> 636 Nails, Soft                |
| <input type="checkbox"/> 504 Alopecia (see also 616 / 641) | <input type="checkbox"/> 706 Frequent Urination           | <input type="checkbox"/> 666 Nausea                     |
| <input type="checkbox"/> 770 ALS                           | <input type="checkbox"/> 725 Fungus Under Nails           | <input type="checkbox"/> 681 Negative Feelings          |
| <input type="checkbox"/> 760 Alzheimer’s Disease           | <input type="checkbox"/> 707 Gallbladder Problems         | <input type="checkbox"/> 726 Nervousness                |
| <input type="checkbox"/> 506 Anemia                        | <input type="checkbox"/> 748 Gall Stones                  | <input type="checkbox"/> 578 Nervous System Dysfunction |
| <input type="checkbox"/> 649 Anger                         | <input type="checkbox"/> 731 Gas (indigestion)            | <input type="checkbox"/> 579 Neuralgia                  |
| <input type="checkbox"/> 507 Angina                        | <input type="checkbox"/> 656 Gastric Ulcer                | <input type="checkbox"/> 580 Neuritis                   |
| <input type="checkbox"/> 703 Anorexia                      | <input type="checkbox"/> 550 Gastritis                    | <input type="checkbox"/> 768 Nightmares                 |
| <input type="checkbox"/> 508 Anxiety                       | <input type="checkbox"/> 551 General Good Health          | <input type="checkbox"/> 667 Obesity                    |
| <input type="checkbox"/> 509 Arteriosclerosis              | <input type="checkbox"/> 552 Glaucoma                     | <input type="checkbox"/> 581 Osteoporosis               |
| <input type="checkbox"/> 683 Arthritis                     | <input type="checkbox"/> 553 Gout                         | <input type="checkbox"/> 694 Ovarian Pain               |
| <input type="checkbox"/> 510 Arthritis, Osteo              | <input type="checkbox"/> 617 Growth Rate, Diminished      | <input type="checkbox"/> 709 Pain Between Shoulders     |
| <input type="checkbox"/> 687 Arthritis, Psoriatic          | <input type="checkbox"/> 593 Growth Rate, Stunted         | <input type="checkbox"/> 751 Panic Attacks              |
| <input type="checkbox"/> 511 Arthritis, Rheumatoid         | <input type="checkbox"/> 616 Hair Loss                    | <input type="checkbox"/> 668 Paranoia                   |
| <input type="checkbox"/> 512 Asthma                        | <input type="checkbox"/> 641 Hair Growth, Poor            | <input type="checkbox"/> 583 Parkinson’s Disease        |

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| <input type="checkbox"/> 513 Atherosclerosis            | <input type="checkbox"/> 695 Headaches                   | <input type="checkbox"/> 584 Perceptual Motor Problems   |
| <input type="checkbox"/> 514 Autism                     | <input type="checkbox"/> 572 Headaches, Migraine         | <input type="checkbox"/> 585 Periodontal Disease         |
| <input type="checkbox"/> 762 Attention Deficit Disorder | <input type="checkbox"/> 754 Hearing Problems            | <input type="checkbox"/> 586 Phlebitis                   |
| <input type="checkbox"/> 651 Back Problems              | <input type="checkbox"/> 779 Hemochromatosis             | <input type="checkbox"/> 752 Phobias                     |
| <input type="checkbox"/> 674 Bad Temper                 | <input type="checkbox"/> 746 Hemorrhoids                 | <input type="checkbox"/> 612 Pigmentation Problems, Skin |
| <input type="checkbox"/> 684 Bed Wetting                | <input type="checkbox"/> 724 Hemosiderosis               | <input type="checkbox"/> 669 PMS                         |
| <input type="checkbox"/> 515 Behavior Problems          | <input type="checkbox"/> 713 Hepatitis                   | <input type="checkbox"/> 680 Poor Attitude, Outlook      |
| <input type="checkbox"/> 776 Bladder Infection          | <input type="checkbox"/> 733 Herpes                      | <input type="checkbox"/> 745 Poor Circulation            |
| <input type="checkbox"/> 755 Blood Clots                | <input type="checkbox"/> 763 Hiatal Hernia               | <input type="checkbox"/> 640 Poor Memory                 |
| <input type="checkbox"/> 743 Blurred Vision             | <input type="checkbox"/> 558 High Blood Pressure         | <input type="checkbox"/> 671 Pregnant                    |
| <input type="checkbox"/> 701 Boils                      | <input type="checkbox"/> 769 HIV Positive                | <input type="checkbox"/> 670 Protein Catabolism          |
| <input type="checkbox"/> 714 Breast Lump                | <input type="checkbox"/> 723 Hives                       | <input type="checkbox"/> 587 Prostate Problems           |
| <input type="checkbox"/> 517 Breast Tumor               | <input type="checkbox"/> 554 Hodgkin's Disease           | <input type="checkbox"/> 619 Psoriasis                   |
| <input type="checkbox"/> 735 Bronchitis                 | <input type="checkbox"/> 722 Hot Flashes                 | <input type="checkbox"/> 588 Psychological Problems      |
| <input type="checkbox"/> 634 Brown Spots on Skin        | <input type="checkbox"/> 657 Hostility                   | <input type="checkbox"/> 589 Raynaud's Disease           |
| <input type="checkbox"/> 765 Bruising                   | <input type="checkbox"/> 710 Hyperactivity               | <input type="checkbox"/> 732 Retinitis                   |
| <input type="checkbox"/> 518 Buerger's Disease          | <input type="checkbox"/> 555 Hypercholesterolemia        | <input type="checkbox"/> 738 Respiratory Infection       |
| <input type="checkbox"/> 756 Burning Feet               | <input type="checkbox"/> 556 Hyperkinesis                | <input type="checkbox"/> 590 Rheumatism                  |
| <input type="checkbox"/> 519 Bursitis                   | <input type="checkbox"/> 557 Hyperlipidemia              | <input type="checkbox"/> 643 Ringing in Ears / Tinnitus  |
| <input type="checkbox"/> 520 Calculus, Biliary          | <input type="checkbox"/> 559 Hyperthyroidism             | <input type="checkbox"/> 591 Schizophrenia               |
| <input type="checkbox"/> 521 Calculus, Renal            | <input type="checkbox"/> 560 Hypoadrenocorticism         | <input type="checkbox"/> 592 Scleroderma                 |
| <input type="checkbox"/> 522 Cancer                     | <input type="checkbox"/> 561 Hypoglycemia                | <input type="checkbox"/> 715 Scoliosis                   |
| <input type="checkbox"/> 652 Candida Albicans           | <input type="checkbox"/> 562 Hypothyroidism              | <input type="checkbox"/> 737 Sciatic Nerve Problems      |
| <input type="checkbox"/> 766 Canker Sores               | <input type="checkbox"/> 696 Immune Deficiency           | <input type="checkbox"/> 757 Sexual Desire, Decreased    |
| <input type="checkbox"/> 523 Cardiac Arrhythmias        | <input type="checkbox"/> 563 Impotence (men only)        | <input type="checkbox"/> 664 Sinus Problems              |
| <input type="checkbox"/> 524 Cardiovascular Disease     | <input type="checkbox"/> 731 Indigestion (bloating, gas) | <input type="checkbox"/> 749 Sinusitis                   |
| <input type="checkbox"/> 767 Carpal Tunnel              | <input type="checkbox"/> 688 Infections                  | <input type="checkbox"/> 628 Skin, Dry                   |
| <input type="checkbox"/> 525 Cataracts                  | <input type="checkbox"/> 704 Infections, Ear             | <input type="checkbox"/> 744 Skin, Flaky                 |
| <input type="checkbox"/> 526 Celiac Disease             | <input type="checkbox"/> 738 Infection, Respiratory      | <input type="checkbox"/> 633 Skin, Itchy                 |
| <input type="checkbox"/> 527 Cerebral Palsy             | <input type="checkbox"/> 716 Infections, Yeast           | <input type="checkbox"/> 629 Skin, Oily                  |
| <input type="checkbox"/> 718 Chronic Fatigue Syndrome   | <input type="checkbox"/> 658 Infertility                 | <input type="checkbox"/> 741 Skin Rash                   |
| <input type="checkbox"/> 717 Cigarette Smoker           | <input type="checkbox"/> 660 Inflammation                | <input type="checkbox"/> 771 Spider Veins                |
| <input type="checkbox"/> 528 Cirrhosis of the Liver     | <input type="checkbox"/> 564 Insomnia                    | <input type="checkbox"/> 672 Stomach Problems            |
| <input type="checkbox"/> 529 Colitis                    | <input type="checkbox"/> 774 Irritable Bowel Syndrome    | <input type="checkbox"/> 642 Stress                      |
| <input type="checkbox"/> 530 Collagen Disease           | <input type="checkbox"/> 659 Irritability                | <input type="checkbox"/> 594 Tachycardia                 |
| <input type="checkbox"/> 728 Compulsive Behavior        | <input type="checkbox"/> 720 Iritis                      | <input type="checkbox"/> 693 Taking Birth Control Pills  |
| <input type="checkbox"/> 531 Constipation               | <input type="checkbox"/> 759 Joint Pain                  | <input type="checkbox"/> 772 Tendinitis                  |
| <input type="checkbox"/> 532 Coronary Occlusion         | <input type="checkbox"/> 721 Keloid Scars                | <input type="checkbox"/> 595 Thrombophlebitis            |
| <input type="checkbox"/> 618 Craving Sweets             | <input type="checkbox"/> 661 Kidney Problems             | <input type="checkbox"/> 702 Tourette's Syndrome         |
| <input type="checkbox"/> 758 Crohn's Disease            | <input type="checkbox"/> 650 Kidney Stones               | <input type="checkbox"/> 730 Tumors                      |
| <input type="checkbox"/> 533 Cushing's Disease          | <input type="checkbox"/> 699 Lactating Mother            | <input type="checkbox"/> 596 Tumors, Benign              |
| <input type="checkbox"/> 534 Cystic Fibrosis            | <input type="checkbox"/> 565 Learning Disabilities       | <input type="checkbox"/> 597 Tumors, Fatty               |
| <input type="checkbox"/> 615 Dandruff                   | <input type="checkbox"/> 566 Leukemia                    | <input type="checkbox"/> 598 Tumors, Fibroid (Misc.)     |
| <input type="checkbox"/> 653 Defensiveness              | <input type="checkbox"/> 686 Loss of Appetite            | <input type="checkbox"/> 599 Ulcer, Gastric              |
| <input type="checkbox"/> 535 Depression                 | <input type="checkbox"/> 727 Loss of Balance             | <input type="checkbox"/> 600 Ulcer, Skin                 |
| <input type="checkbox"/> 536 Dermatitis (skin problems) | <input type="checkbox"/> 708 Loss of Concentration       | <input type="checkbox"/> 601 Uremia                      |
| <input type="checkbox"/> 537 Diabetes                   | <input type="checkbox"/> 662 Low Self-Esteem             | <input type="checkbox"/> 777 Urinary Infection           |
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|--|--|---|
| <input type="checkbox"/> 538 Diarrhea                      | <input type="checkbox"/> 567 Lupus Erythematosus                     | <input type="checkbox"/> 602 Varicose Veins         |
| <input type="checkbox"/> 700 Difficulty Taking Supplements | <input type="checkbox"/> 708 Memory Loss                             | <input type="checkbox"/> 675 Vegetarian             |
| <input type="checkbox"/> 617 Diminished Growth Rate        | <input type="checkbox"/> 568 Meniere's Syndrome                      | <input type="checkbox"/> 764 Vitiligo               |
| <input type="checkbox"/> 539 Diverticulosis                | <input type="checkbox"/> 569 Menopause                               | <input type="checkbox"/> 676 Volatility             |
| <input type="checkbox"/> 685 Dizziness                     | <input type="checkbox"/> 729 Menstrual Problems (see also 505 / 542) | <input type="checkbox"/> 677 Weight Gain            |
| <input type="checkbox"/> 540 Drug Addiction                | <input type="checkbox"/> 663 Mental Confusion                        | <input type="checkbox"/> 603 Weight Loss (unwanted) |
| <input type="checkbox"/> 747 Dry Mouth                     | <input type="checkbox"/> 570 Mental Problems                         | <input type="checkbox"/> 678 White Spots on Nails   |
| <input type="checkbox"/> 541 Dyslexia                      | <input type="checkbox"/> 750 Mind Racing                             | <input type="checkbox"/> 679 Worrying               |
| <input type="checkbox"/> 704 Ear Infection                 | <input type="checkbox"/> 692 Mononucleosis                           | <input type="checkbox"/> 605 Wound Healing (poorly) |
| <input type="checkbox"/> 544 Eczema                        | <input type="checkbox"/> 665 Mood Swings                             | <input type="checkbox"/> 716 Yeast Infections       |
| <input type="checkbox"/> 545 Edema / Water Retention       | <input type="checkbox"/> 747 Mouth Dry                               |   |
| <input type="checkbox"/> 654 Emotional Sensitivity         | <input type="checkbox"/> 775 Multiple Chemical Sensitivity           |   |

**Notes & Context**

*Use the lines below to share anything we should know about your current health, medications, diagnoses, or recent changes. Please also let us know if you are working with a licensed provider and whether we may coordinate with them.*

# FORM D · ACKNOWLEDGMENT & SIGNATURE

## BEFORE YOU SIGN

By signing below, you confirm that you have read Forms A, B, and C in full, that you have had a chance to ask questions, that you agree to the terms, and that you are signing of your own free will.

### Which forms apply to you?

Check all that apply. You only need to sign for the services you plan to use.

- I plan to participate in fitness or wellness programs. (Form A)
- I plan to receive a bioenergetic wellness scan. (Form B)
- I am completing the wellness check-in. (Form C)

### Client

PRINTED NAME

SIGNATURE	DATE
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### Parent or Legal Guardian (required if client is under 18)

PRINTED NAME

RELATIONSHIP TO MINOR

SIGNATURE	DATE
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### Arukah Ranch Advocate

PRINTED NAME

SIGNATURE	DATE
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## WHAT HAPPENS NEXT

Once we receive your completed packet, we will confirm your consultation and/or first session and any related scheduling details. Welcome to Arukah Ranch — we are honored to walk with you.

