



Serving the Hope Valley, RI area.
Also providing various online
coaching services and on-site
Seminars.

Ph: 772~713~5371
www.SevenStreamstoWellness.com

*Offering ancient wisdom, as well
as the most advanced and up to
date scientifically backed health
care **Educational and Coaching
Svc.***

Bhagavati Harris
Auyrveda Health Educator
Certified Wellness Coach
Certified Yoga Instructor
Certified Enneagram Practitioner
Emotional Freedom Tech. Practitioner
Personal Trainer

Services:

Chronic Disease Management Education
Weight loss and Addictions Program
Ayurvedic Lifestyle Management
Nutrition Coaching & Education
Wellness & Personalized Health
Nutri~Genomics Education
Enneagram Consultations
Detoxing Education
Meditation

SEVEN STREAMS TO WELLNESS

New Client Introduction & Intake Form

*Thank you for your interest and welcome to **Seven Streams to Wellness!***

I am a Health & Wellness Coach, offering a full spectrum of educational and lifestyle management services.

My goal is to help you **uncover** your full health & lifestyle potential in order for you to lead a life worth celebrating, regardless of how comfortable your life may already be. My focus is to guide and educate you as you make radical transformations.

**Please read and complete all forms and bring them with you to your first visit.
If you are participating online, please e-mail these forms to me:
Bhagavati@SevenStreamstoWellness.com**

What is a Wellness Coach?

The transformative, **self-awareness techniques** that I share will introduce you to the process of confronting and nudging limits, blocks and conditionings to which your body and mind are so accustomed - and to do so without self-criticism or judgment.

You will learn to self-support and grow comfortable doing something you may not **feel** like doing, which ultimately allows the way for **life altering renewal**. In essence, you will be provided with the tools necessary to gently and firmly **remove the obstacles** that stand in the way of you and your most luscious life, and you will learn how to do all of that with the love and conviction of--and for--your authentic self.

About Ayurveda:

“Considered by many scholars to be **the oldest healing science, Ayurveda is** a holistic approach to health that is designed to help people live long, healthy, and well balanced lives. The basic principle of **Ayurveda is to prevent and treat illness by maintaining balance in the body, mind, and consciousness** through proper drinking, diet, and lifestyle, as well as herbal remedies.” - A.D.A.M.

About the Enneagram:

The ancient Enneagram is an incredible and empowering tool used for self-evolution. In its simplest use, is a personality typing system that consists of nine different types. Everyone is considered to be one single type, although one can have traits belonging to other ones. While it's uncertain whether this is genetically determined, many believe it is already in place at birth.

The nine types--or Enneatypes--are universally identified by the numbers 1 to 9. These numbers have a standard way of being placed around the Enneagram symbol.

People of a particular type have several characteristics in common; nevertheless, they can be quite different, depending on each individual's level of mental health, among other things. The book, *Personality Types* provides information on type descriptions for each enneagram level.

Don't know your type? Take a free online test at:

<http://www.9types.com/rheti/index.php>



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ABOUT NUTRI~GENOMICS

The search for knowledge regarding healthy/adequate food has increased in the last decades among the world population, researchers, nutritionists, and health care professionals. Since ancient times, humans have known that environment and food can interfere with an individual's health condition, and have used food and plants as medicines. With the advance of science, especially after the conclusion of the Human Genome Project (HGP), scientists started questioning if the interaction between genes and foods' bioactive compounds could positively or negatively influence an individual's health. In order to assess this interaction between genes and nutrients, the term "Nutri-genomics" was created. Hence, Nutri-genomics corresponds to the use of biochemistry, physiology, nutrition, genomics, proteomics, metabolomics, transcriptomics, and epigenomics to seek and explain the existing reciprocal interactions between genes and nutrients at a molecular level.

The discovery of these interactions (gene-nutrient) will aid the prescription of customized diets according to each individual's genotype. Thus, it will be possible to mitigate the symptoms of existing diseases or to prevent future illnesses, especially in the area of Non-transmissible Chronic Diseases (NTCDs), which are currently considered an important world public health problem.

<http://www.hindawi.com/journals/jnme/2014/202759/>

Seven Streams to Wellness provides a space for community education, blissful rejuvenation and spiritual renewal. Wherever you are on your path, I encourage you to access your *own* wisdom...leading to greater self-awareness and *lasting* healing. Thank you for having me along on your journey, I look forward to serving you!

PLEASE VISIT MY SITE FOR MORE INFORMATION:
WWW.SevenStreamsToWellness.com



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Client Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Birth date: _____ Gender: female male trans _____

Please fill all & check primary contact choice:

Phone (home) _____

Phone (cell) _____

Email _____

May we leave personal information at this place of contact? yes no

Occupation/Employer: _____

Partner status: Single Partnered Married
 Widowed Divorced Separated

Spouse Name: _____

If client is a student, name of school/college: _____

Whom may we thank for referring you? Friend- name: _____ Internet

Emergency contact name: _____ Relationship: _____

Phone: _____ Cell: _____

EMAIL COMMUNICATION:

I would like the ability to discuss my personal health matters via email communication. I give my permission for *Seven Streams to Wellness* to discuss personal health matters, understanding that email may not be a confidential mode of communication.

Signature _____

Preferred email account: _____

Please list other medical providers currently caring for you:

Name: _____ Specialty: _____

Contact info: _____

Name: _____ Specialty: _____

Contact info: _____

Rights and Responsibilities:

My promise to you: My mission is to empower you to learn the patterns of behavior that inform your wellness choices. I promise to listen carefully, think deeply and kindle insight into directions (services) that will nourish sustainable health. I promise to be considerate about your time and thoughtful regarding your finances. I thank you for allowing me to journey with you on your path of transformation and look forward to growing with you!

I ask in return for your authenticity and courage to step outside of usual thinking and behavioral patterns. A key component of success is the willingness to incorporate diet, lifestyle and relationship changes. I ask you to be honest with what are realistic changes to begin with, and to wholeheartedly embrace the possibility that your health and life can look and feel exactly how you want it to, although this requires both effort and time and there are no guarantees from *Seven Streams to Wellness* or providers that this will happen.

(Signature) _____ Date _____



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CLIENT FINANCIAL AGREEMENT

Coaching / Educational consultations and fees:

- The consult, which includes a comprehensive intake, review of history and goals, and initial coaching plan, generally lasts **90 minutes and costs \$160.00**.
- Follow-up visits typically last **45-60 minutes each**

- **Package choices:**

- **30-DAY JUMPSTART**

- This coaching program starts with a 90-minute consultation so that I may get to know you. You will also obtain a good idea of our how journey together will progress. That is followed up by 1 Educational and Follow-up Check-In Session for support, accountability and customizing your program. **\$240.00**

- **90-DAY INTENSIVE**

- This coaching program starts with a 90-minute consultation so that I may get to know you. You will also obtain a good idea of our how journey together will progress. That is followed by 6 Educational and Follow-up Check-In Sessions for support, accountability and customizing your program. **\$640.00**

- **6-MONTH- IMMERSION**

- This coaching program starts with a 90-minute consultation so that I may get to know you. You will also obtain a good idea of our how journey together will progress. That is followed by 12 Educational and Follow-up Check-In Sessions for support, accountability and customizing your program. **\$1,200.00**

- **1-YEAR TRANSFORMATION**

- **BY SPECIAL REQUEST ONLY**

- **INITIAL GENETIC COACHING/CONSULT**, 1 Introduction Session with Client, for up to 90 Minutes. 1 Follow-up Sessions with client for up to 45 Minutes. 1 Full Session of Coach Independently Assessing Client's Genetic Variants. **\$400.**

- Individual sessions: **\$108.**
- Follow-up visits lasting **20-30 minutes are \$54.**
- You can make payments on my site:
 - <http://www.sevenstreamstowellness.com/ConsultationRequestsPrices.en.html>

Email communication:

- Client emails are accepted by ***Bhagavati@SevenStreamsToWellness.com*** no more than twice a week. Please be courteous as Bhagavati's time is limited. If a question requires more than a few lines of response, it is probably better served by a visit.
- Please allow **24-48 business hours** to receive a response.



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Appointment cancellation/No show/Late arrival charge:

- You may cancel an appointment at no charge if you notify my office at least **48 hours in advance**. Failure to do so will result in the **full charge** of your scheduled appointment. Scheduled phone consultation appointments will be charged the same rate as on site sessions. Late arrivals to scheduled appointments of 15 minutes or more may result in a full charge fee if the Bhagavati is not able to keep the appointment due to time constraints.

I, the undersigned, understand that I am financially responsible for all charges accrued by myself and/or my dependent(s) and agree to pay for services.

I, _____, agree to the above defined financial policies of *Seven Streams to Wellness.*

I, the undersigned, have read, understand, and accept the information and conditions specified in this document.

Client signature: _____

Print Name: _____ Date: _____



HEALTH HISTORY & CURRENT STATUS

What are your main health and lifestyle concerns at this time? Order by importance to you:

- 1.
2.
3.
4.

What would you like to get out of this consultation today – short term, as well as long term?

- 1.
2.
3.

What do you think you need to heal? _____

Please rate your overall level of health: (Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

Please rate your overall level of stress: (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Please assign a number value to your satisfaction with the following areas of your life; 1 is low & 10 is the highest:

Physical environment _____

Health _____

Fun & recreation _____

Romance/significant other _____

Career _____

Friends/family _____

Are you a smoker? _____

Do you use recreational drugs? _____

Have you done any genetic testing? _____

What are your favorite foods?

Three horizontal lines for writing favorite foods.

Typical Bkfst, lunch & dinner: _____

Three horizontal lines for writing typical meals.



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Personal Medical History

Allergies: list all known allergies to medications, environment and food AND reaction.

- 1.
- 2.
- 3.

Birth History: Premature Breathing problems Breech C-section Vaginal birth

Childhood health: (Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent) Place lived:

Breastfed Formula Colic Illnesses: _____ Received antibiotics? Yes No

Height: _____ Weight: _____ Weight 1 year ago: _____ Maximum weight: _____

Is there any possibility that you are pregnant? Yes No

List surgeries you remember:

- 1.
- 2.
- 3.
- 4.

Describe serious illnesses you remember:

- 1.
- 2.
- 3.
- 4.

Have you been under the care of a licensed health care professional in the past year? Yes No

If so, for what reasons? _____

Indicate dates for the most recent (if ever) of the following preventative exams. Write "never" if you've never had this test.

Physical exam: _____ Eye exam: _____ Prostate/Gyn exam: _____

Full blood work: _____ Dental exam: _____ Mammogram: _____

Colonoscopy: _____ Fecal Occult Blood test: _____ Bone density: _____

Have you had the usual series of childhood & adult immunizations?:

Any reaction ever? No Yes: what happened? _____



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ENVISIONING YOUR OWN HEALTH

Please take a few minutes to go inside of yourself to give short answers to these last questions so that I may better design a program to fit your unique needs. Thank you for your careful consideration. It is very much appreciated.

1. What are you doing in your life that brings you peace and harmony?

2. What do you want your spiritual life to look like?

3. What does your spiritual life currently look like?

4. If you could design your perfect state of wellness and balance, what would your life look like?

5. What would you have to give up to achieve this life?

6. How can I best support you to meet your dreams?

7. What does it look like when you are spiraling down emotionally?

8. How do you bring yourself back out?

9. Have you noticed patterns that repeat themselves in your life (only the names, places & occurrences have changed names)?

10. Do you know your purpose in life?

11. Please assign a number value to your satisfaction with the following areas of your life; 1 is low and 10 is the highest:
Physical environment _____ Career _____ Fun and Recreation _____ Health _____ Money _____ Romance/Significant other _____
Personal Growth _____ Friends/Family _____



SEVEN STREAMS TO WELLNESS

STATEMENT OF PRIVACY PRACTICES

Seven Streams to Wellness is dedicated to protect the privacy rights of each client and the confidential information entrusted to me. My commitment to ensure that your personal information is never compromised is a principal concept of my practice. I may, from time to time, amend my privacy policies and practices but will always inform you of any changes that might affect your rights.

Protecting Your Personal Information

Your personal information will never be given to anyone-even family members- without your written consent. You, of course, may give written authorization for me to disclose your information to anyone you choose, for any purpose

Collection of Personal Information

I will only request personal information needed to provide you with the high quality standard education and services, and implement payment activities. This may include your name, address, telephone numbers, social security number, employment data, medical history, health records, etc.



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Informational/Disclaimer

The following common sense statements constitute a legal agreement between us. Please read the following carefully.

1. I am aware of the fact that Bhagavati (Lorrie) Harris is not a physician or licensed psychologist. Rather, a wellness coach with a mission to bring wellness tools to the attention of others.

2. I understand that this is not training or treatment in psychology, psychotherapy or medical procedures.

3. Subject to the provisions of this agreement, I may use these methods on behalf of myself and others.

4. I understand that Bhagavati (Lorrie) Harris cannot and will not take responsibility for what I do with the techniques. Accordingly...

- I agree that I am taking complete responsibility for my physical and emotional well-being.
- I also understand that it is my responsibility to instruct others that I help with these techniques to take complete responsibility for their own emotional and physical well-being.
- I agree to hold you from any claims made by myself or anyone whom I seek to help with these methods.

I understand that you urge me to use these techniques under the supervision of a qualified therapist or physician, when necessary. I have no intention of substituting the techniques for proper medical care or to try to solve a problem where my common sense would tell me it is not appropriate.

5. I understand that these techniques have had impressive results for the most part, but it must still be considered to be in the experimental stage, and there are no guarantees that I will achieve my goals.

6. I am aware of the fact that my sessions may be recorded and I have no objections.

7. I am aware of the 24 hour cancellation policy.

Entering my name and the date below indicates my full and unconditional agreement of the above terms. I am returning this to you via email as confirmation of same.

Please enter your full legal name here: _____

Approved and accepted, Date: _____



SEVEN STREAMS TO WELLNESS

The information provided by Bhagavati (Lorrie) Harris of *Seven Streams to Wellness* is for informational purposes only, and is not intended to be used for the treatment, cure, or care of any disease or medical condition.

Nothing that Bhagavati (Lorrie) Harris shares or teaches should be used as a substitute for a physician's advice. Bhagavati (Lorrie) Harris is not practicing medicine but is merely reporting on her research based on the books and medical published journals on the subject and her own experience. The information provided by Bhagavati (Lorrie) Harris reflects her views and opinions, which others may disagree with. Any mention of products, supplements, baths, saunas, antiseptic food soaks, or therapies is not a claim or endorsement of the product or modality.

These statements are a disclaimer of responsibility for what Bhagavati (Lorrie) Harris shares or teaches. If clients act on this information, they do so at their own risk. A health professional's counseling and specific advice should be considered over anything in Bhagavati (Lorrie) Harris shares or teaches. Care has been taken to assure all information shared is from the most reliable sources possible.

I, the undersigned, have read, understand, and accept the information and conditions specified in this document.

Client signature: _____ **Print Name:** _____ **Date:** _____