

Service provided (please initial):

MARI _____x

Personal Development _____x

Name: _____.

Birthday: _____.

Address: _____.

Telephone: _____.

Email: _____.

Referral Source: _____.

Please describe an issue or area in your life that you would like to explore or need an assistance with:

Please describe what kind of blocks or insecurities you are struggling with:

Please describe your personal strengths and area(s) in life where you feel accomplished:

Please describe your support system (personal and/or professional) related to the explored issue:

What end result would you want to see yourself achieved at the end of MARI / Personal Development sessions:

*** MARI services or Personal Development sessions are not suitable for clients experiencing any kind of psychological distress or mental health issues. If you feel your mental or emotional wellbeing is compromised, please see a medical or mental health professional for a proper diagnosis and care.

By signing below, you acknowledge that you understand these conditions prior to seeking MARI or Personal Development services.

Name: _____ **x**

Date: _____ **x**