Kristin Leonheart, M.S., LMFT

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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex ☐ Male ☐ Female ☐ Transmasculine ☐ Transfeminine ☐ Non-Binary ☐ Intersex

Pronouns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Single ☐ Married ☐ Living w/partner ☐ Divorced/separated ☐ Other (specify): \_\_\_\_\_

How/where/from whom did you hear about me? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you seen a spiritual teacher before Yes/No?

If yes, please give the name of the spiritual teacher and a brief description of your work together:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_I give Kristin Leonheart, M.S., LMFT, permission to contact this person for the purposes of coordination of my care.

Have you seen a therapist before Yes/No?

Are you currently seeing a therapist Yes/No?

If yes to either or both, please give the name of your psychotherapist and give a brief description of your work together as well as the approximate dates treatment began/ended:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any current areas where you are experiencing difficulty:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Issue** | **Current** | **Past** | **Issue** | **Current** | **Past** |
| Stress/trouble coping |  |  | Suicidal thoughts |  |  |
| Sleep problems |  |  | Trauma history/symptoms |  |  |
| Grief |  |  | Dissociation |  |  |
| Depression |  |  | Mental confusion |  |  |
| Anxiety |  |  | Disordered eating |  |  |
| Panic attacks |  |  | Addictive behaviors |  |  |
| Fear/phobias |  |  | Alcohol concerns |  |  |
| Sexual issues |  |  | Drug concerns |  |  |
| Sexuality or gender concerns |  |  | Self-harm |  |  |
| Other: (specify) |  |  | Body Image Concerns |  |  |

Have you ever received a formal diagnosis from a doctor for any of the above or for any other relevant issue? Do you agree with the diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any significant adverse events you have experienced over the course of your life along with the age you were at the time of the event (this includes: *motor vehicle accidents/other serious accidents, falls, concussions, significant illnesses/hospitalizations/high fevers/surgeries, physical/ sexual abuse/molestation/rape, near death experiences, premature birth/difficulties during birth, witnessing violence, natural disasters, adverse experiences related to immigration, war, unexpected death of a loved one, significant separations from parents, animal attacks, etc.*) (\*if it’s triggering to list these and you would rather tell me in person or over time, that’s OK too):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you seeking spiritual support at this time?

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In case of emergency, contact (name/phone#/relationship to you):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_I give Kristin Leonheart, M.S., LMFT, permission to contact this person in case of an emergency

**Kristin Leonheart, M.S., LMFT**

(919)537-9208

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This document is a summary of my working arrangements with students. It is intended to assist in clarifying the questions that commonly arise in the context of a teacher-student context.

* **Fee:** Our agreed fee for our sessions is $\_\_\_\_\_\_\_\_. This is payable at the time of our session.
* **Cancellations**: I request **more than 24 hours notice** to cancel a session without charge. If you cancel within 24 hours of our appointment time, **75% of the fee** for the session will be charged. If no cancellation is received, **the full fee** for the session will be charged, except in cases of emergency. If you need to cancel, please call or text my cell phone: **919-810-3136.** Insurance will not pay for missed sessions.
* **Confidentiality:** I may contact your designated emergency contact person in case of emergency, including situations in which I am unable to reach you and have justifiable concerns about your wellbeing.
* **Phone calls**: The above number is my personal cell phone. I check my voice mail regularly, and will return any messages as soon as possible. Any telephone conversations, voice mail messages, emails, or text exchanges exceeding 5 minutes will be considered a session and charged pro-rated based on our agreed fee.
* **Assessment Period**: It is my ethical duty to provide support only when your issues are within the scope of my training, when I feel you are actively participating in treatment, and when I feel you are benefiting from the sessions. If you or I feel that you are not benefiting from our work together, we can discuss a potential transfer to someone who might be a better fit.
* **Emergencies:** If there is a life-threatening emergency, please call 911 or go to your nearest emergency room. In case of a mental health emergency, if you cannot reach me, please contact 911 or go to your nearest emergency room and ask for the on-call psychiatrist.
* **Nature of Awakening Process:** It is important that you understand the nature of the awakening process, and that you are aware that at times it can be incredibly intense. It can create mental illnesses, it can cause decompensation, it can cause physical illnesses, and it can cause a loss of functionality, both interpersonally and physically. Usually these losses are temporary, but that is not always the case. I will do all that is in my power to do to support your process in being a gentle one, but it is also important that you take responsibility for your path. Ultimately I respect your autonomy and support your choices in being your own, and it is important that you take care and use wisdom as often as you can as you navigate your path.
* **Teacher-Student Relationship:** It is important for teachers to have healthy boundaries in order to protect you. So please note that I must hold boundaries with you within and outside of the context of our meetings. I will not be friends with students, or date students, or have sexual relationships with students.
* **Community:** If I see you in the community, I will respect your privacy by not acknowledging you. You are welcome to acknowledge me or greet me, if you would like to.
* **Time Away from Work:** As a dedicated meditation practitioner, I attend silent meditation retreats several times a year. Due to the nature of these retreats, phone use is discouraged, and there will be 2-8 weeks per year when I am not reachable by phone. This means my students must be able to manage their practice independently during these times. I will provide you with the name of a colleague you can contact if you need to meet with a therapist during a time I am unavailable.
* **Feedback:** I encourage my students to give me feedback on a regular basis. If you are unhappy with something that happens in a meeting, it’s important that we address this so that it doesn’t affect your process.
* **Ending Meetings:** You may end our meetings at any time, but notice is requested for the sake of closure.

I understand and consent to the above agreement:

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_