



Mentoring Program

Successful Business Building Steps

Course 5 Module 4 Lesson 1

Jan's Online Client Intake Form



Client Intake Form

My Client Intake Form is very thorough in nature and saves us time by gathering your information up front so that we can devote that time to your Right Fit session.

Please take a few minutes to fill out and submit the form below.

This form collects your name, address, phone number, email address and other personal information related to your request for a personal coaching session with Jan Luther and The Rejuvenation Station, LLC. Please [click here](#) if you would like to view our [Privacy Policy](#) and see how we protect and manage the information you submit.

I consent to having Jan Luther and The Rejuvenation Station, LLC collect my personal information via this form. *

Yes

Do you believe in God/Divine Creator? *

Yes

No

What Name/Title are you comfortable using for the Divine Creator?

God

Universe

Other

Full Name *

First Name (name by which you would like to be called) *

First names don't always make it clear if you're a man or woman, so please let me know if you're Male or Female. *

Male

Female



Mentoring Program

Successful Business Building Steps

Course 5 Module 4 Lesson 1

Jan's Online Client Intake Form

Address

Address

City

State/Province

Zip/Postal

Country

Email Address *

Home Phone Number (XXX-XXX-XXXX format please) *

Mobile Phone Number (XXX-XXX-XXXX format please)

When were you born? MM/DD/YYYY format please. (This is needed to ensure you are over 18 years of age.) *

Do you believe... (check all that apply) *

- there is life before and after our earthly/physical experience.
- in Reincarnation.
- Other

Do you believe in the Law of Attraction / The Law of Sowing and Reaping and that what you send out is what God/Universe returns to you, magnified and multiplied? *

- Yes
- No

What communication method do you prefer to use when we get together for your personal coaching sessions? *

- In Person
- Phone
- Zoom



Mentoring Program

Successful Business Building Steps

Course 5 Module 4 Lesson 1

Jan's Online Client Intake Form

Please briefly describe the challenge for which you would like assistance. *

How long have you been struggling with this challenge? *

Have you worked with another coach or therapist? *

- Yes
 No

What else have you tried to help you with this challenge? *

What do you really, really, really want right NOW? *

What do you need first and foremost? *



Mentoring Program

Successful Business Building Steps

Course 5 Module 4 Lesson 1

Jan's Online Client Intake Form

If you could make a wish and the pain/problem/challenge would be replaced with the perfect circumstances and solutions, what would that look, sound and feel like for you right now? *

Do you own your own business? *

- Yes
- No

How did you hear about me? *

- Web Search
- Facebook
- Twitter
- Radio/TV
- Magazine Article/Advertisement
- Referral
- Other

Do you know about and/or have you ever experienced Emotional Freedom Techniques (EFT) before? *

- Yes
- No

Please indicate that you have read the Personal Coaching Session Terms & Conditions (there's a link below) by checking the box below and providing your signature in the space provided. *

I've read and agree to the terms and conditions in the Personal Coaching Session Terms & Conditions



Mentoring Program

Successful Business Building Steps

Course 5 Module 4 Lesson 1

Jan's Online Client Intake Form

Signature *

Upon submitting your Client Intake Form, you'll be taken to the *PayPal* payment page to pay for your session. Once your payment is complete, **DO NOT CLOSE YOUR BROWSER** because it will open a "thank you" page that has the button for scheduling your Right Fit session with Jan.

[Click here to review my Personal Coaching Session Terms & Conditions.](#)