



# WILDE INTEGRATION

wildeintegration.com | Dr. Sarah P. Wilde, GPC, AP

## CLARITY SESSION: PRIVATE WELLNESS AND ROOT-CAUSE ADVISORY

This intake questionnaire is required prior to scheduling your session to help identify psycho-emotional, relational, and environmental patterns that may be influencing your wellbeing. It is not a medical or therapeutic assessment.

Please answer honestly and concisely. There are no right answers.

### SECTION 1: PRESENTING PATTERN

1. What health, wellness, or vitality issue feels most relevant for you right now?

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2. When did you first notice this pattern or symptom?

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3. Has it changed over time? If so, how?

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### SECTION 2: BODY & NERVOUS SYSTEM AWARENESS

1. How does this issue show up physically or energetically in your body?

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2. When does it feel most activated or noticeable?

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3. When does it ease or feel less present?

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## SECTION 3: STRESS, LIFE CONTEXT & ENVIRONMENT

1. What has been happening in your life during the time this pattern developed or intensified?

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2. Are there ongoing pressures, responsibilities, or relationships that feel depleting?

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3. Where do you feel most regulated, supported, or at ease?

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## SECTION 4: EMOTIONAL & RELATIONAL DYNAMICS

1. What emotions do you most frequently suppress, minimize, or push through?

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2. Are there conversations, boundaries, or decisions you have been avoiding?

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3. Where do you notice over-responsibility, self-betrayal, or chronic effort?

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## SECTION 5: MEANING & INNER SIGNALS

1. If this pattern had a message, what do you suspect it might be asking for?

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2. What part of this situation feels hardest to acknowledge honestly?

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3. What would “listening more carefully” to your system require right now?

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## SECTION 6: SUPPORT & SELF-TRUST

1. What professional or personal support are you currently using (if any)?

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2. Where do you trust yourself most in relation to your health and well being?

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3. Where do you feel disconnected from your own internal signals?

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## SECTION 7: INTENTION & CONSENT

1. What would make this session feel clarifying and complete for you?

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2. Are you open to direct reflection about emotional, relational, or lifestyle patterns that may be influencing your wellbeing?

Yes       No

(Sessions proceed only with consent for direct reflection)

## IMPORTANT ACKNOWLEDGEMENTS

\_\_\_\_\_ Please initial here and check the boxes below to confirm the following:

- I understand this session is not medical care, therapy, or diagnosis
- I understand this is an advisory conversation focused on insight and personal coherence
- I am responsible for my own health decisions and follow-up care; I retain full autonomy over the interpretation and application of any and all information discussed
- I understand that *Dr. Sarah P Wilde, GPC, AP* will maintain my privacy to the highest standards and will not disclose my personal information or any personal data to any requesting or attending party unless I have initially given approval in writing



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## FEES AND SCHEDULING

\_\_\_\_\_ Please initial here and check the boxes below to confirm the following:

- I understand that there is no insurance coverage for the services and guidance provided, I am **fully responsible financially to remit payment 24-48 hours in advance of the scheduled appointment time** when established or otherwise the appointment will be rescheduled for a later date
  
- I acknowledge **all appointments are set in Eastern Standard Time** and **failure to attend the appointment will result in a charge of 50% of the service** as a no-show or late-cancellation fee **if notice is not given with need to reschedule 48 hours in advance**

Client name (printed) \_\_\_\_\_

Client signature \_\_\_\_\_

Today's Date \_\_\_\_\_ Time \_\_\_\_\_

**Note:** Returning this completed form with signature and date will be construed as a legal document personally completed, reviewed and approved by the client named above