



LIFE DESIGN EDUCATION

Vision - Purpose - Community

LIFE DESIGN EDUCATION
www.lifedesignededucation.com
support@lifedesignededucation.com
310-571-8045

Dear Counselor:

We are pleased that your client/patient is interested in participating in Life Design Education courses, and we have recommended that he or she discuss this with you. If you are not already familiar with the Life Design Education courses, please visit our website, or contact Life Design Education at (310) 571-8045 or at support@lifedesignededucation.com.

We are a professional seminar corporation offering experiential education programs focused on having successful results in life. We believe that those who benefit most from participating in our courses are people whose lives are already working well but who want more out of life in terms of their daily experience with a particular emphasis on relationship with self, relationship with others, career, money, and health.

Our programs focus on becoming more self-aware and self-accepting and provide an opportunity for the student to examine his/her/their beliefs, values, and ways of behaving that may limit the experience of himself/herself/themself and others. Our programs offer tools and techniques that support people to explore, expand and enhance the quality of their lives and the results they are producing. The nature of our programs is such that a student's feelings and emotions are likely to come into play as they begin the process of self-examination. Therefore, it may not be appropriate for individuals who have a tentative hold on reality to participate.

We have provided the patient with a disclosure statement and have inquired about any therapy and medicines the patient is currently taking. We invite you to read the requirements for participating on Page 2 under "Health Information" and "Requirements for Participating."

We would appreciate your reviewing this disclosure information contained herein and then discussing with your client/patient the appropriateness of his/her participation in the Life Design Education courses.

If you both agree that there are no therapeutic contradictions to this, please sign and complete this form where indicated. Signing this form does not imply responsibility on your part, but rather confirms that you and your client/patient have considered the matter carefully.

We do not wish to interfere with your therapeutic relationship, and we feel it is important for you and your client/patient to determine the appropriateness of his/her/their participation.

HEALTH INFORMATION

In the Life Design Education trainings, you will be invited to examine your life and various issues regarding your life. You should be aware that if any of the issues have sadness or difficult feelings and emotions attached to them in the normal course of your life, it is likely that these same feelings and emotions will emerge in the Life Design Education courses. You must decide whether this is something you can handle at this time. Your willingness to experience these feelings and emotions honestly, and then let go of them, can open the way to a more joyful experience of living. The choice to do so, however, and the degree of your participation in the process rests with you alone.

The information requested here is meant to enable Life Design Education to better support you during the course. It is not possible for Life Design Education to predict any student's experience. If during the course you find yourself feeling uncomfortable or need assistance, notify the staff immediately.

REQUIREMENTS FOR PARTICIPATING

If you have any physical problems that may make it difficult for you to participate in the Life Design Education courses, it is recommended that you discuss this with your physician to determine the appropriateness of your participation. You MUST consult with a professional counselor, therapist, or physician and obtain a signed statement that there are no therapeutic contradictions to your participating in the Life Design Education courses if any of the following conditions apply:

- *You have been hospitalized for a psychiatric or psychological disorder within the last five years.*
- *You are currently in counseling or therapy for substance abuse, PTSD, abuse or trauma, major depression or anxiety disorders, or similar diagnoses.*
- *You have been prescribed within the last six months or are currently taking any major tranquilizer or antidepressant medication such as Clozapine, Lithium, Thorazine, Olanzapine, Quetiapine, Prolixin, Stelazine, or Haldol.*

If any of these apply to you, you must request a copy of this online form and a copy of the "Professional Counselor Clearance Form" from Life Design Education. This online form and letter must be presented to your therapist or prescribing physician to have him/her/they read the form and the "Professional Counselor Clearance Form" in its entirety and discuss the advisability of your participation. If he/she/they agree there are no therapeutic contradictions, have the letter be signed and dated by all parties.

Please be aware that this information is NOT intended to be used by Life Design Education for the purposes of screening. Life Design Education programs are experiential educational programs; they are neither psychotherapy nor medical therapy. Life Design Education does not and cannot screen its students. Only you can decide what is right for you, and the information provided here is to assist you with that decision.

Professional Counselor:

Signature _____ **Date** _____

Printed Name _____ Title _____

Phone Number _____

Address of Practice _____

Participant:

Signature _____ **Date** _____

Printed Name _____ Phone _____