



The Daring Way™ Consultation Pre-Screen

**(re) Define Health | Share
Your Story | Live With
Courage**

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San Diego, CA 92108

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www.potentiatherapy.com

Your Name _____

Address _____

License you practice under _____

Business Address _____

Telephone Number _____

Fax Number _____

Your Email _____

Areas of specialty or emphasis _____

I am interested in:

- group consultations
- individual consultations
- a combination of group and individual consultations
- a contract for five consultations
- a contract for 10 consultations

Please tell me a little about your vision to implement this work with your client population.

Tell me a little about how you connect with this work personally and professionally.

Which trainings have you attended?



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Have you attended any TDW groups or intensives for your own personal therapy?

Yes

No

What are your hopes and goals for your consultation experience?

What would be helpful for me to know about you?

How would you describe your strengths...

Personally:

Professionally:

What led you to want to do some or all of your TDW consultations with me?

What questions do you have about working with me in the consultation process?

Cancellation Policy: I have a 24 hour cancellation policy. There is grace for illness and extenuating circumstances. If you are not sure if your cancellation will involve a charge, please reach out to me to discuss your options. Often, if I can reschedule your consultation in the same week, there will not be a charge.