

Coaching Intake & Informed Consent

(This form must be faxed to me with all information and signatures filled in before coaching can begin)

OFFICE: 888-700-4769

FAX: 858-484-3593

Date: _____ Name of Coach: _____

CLIENT INFORMATION:

Name: _____

Phone:(Preferred number for me to contact you) _____

(Other phone) _____

Can I leave you a voice message at this/either number? Yes _____ No _____

Fax: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

May I mail to you at this address? Yes _____ No _____

May I e-mail to you at this address? Yes _____ No _____

Does anyone else have access to your phone or email? Yes _____ No _____

Sex: Male _____ Female _____ Date of Birth: _____

Others living at home: _____

Employer: _____ Position: _____

How long have you worked at this job? _____

Highest level of education attained: _____

List any significant health problems: _____

List any medications you are presently taking & the dosage: _____

Are you now, or have you ever been in therapy? YES _____ NO _____

If yes, when? _____ Name of therapist: _____

Brief description of issues worked on: _____

Have you had coaching/consultation before? YES _____ NO _____

If yes, when? _____ Name of coach/consultant: _____

Brief description of issues worked on: _____

Referred by (e-book, website, online directory, friend, business, etc.) _____

Who can be contacted in case of emergency? _____

Phone: _____ Relationship to you: _____

FINANCIAL AGREEMENT:

Generally phone/Internet coaching is done in 1/2 hour increments, once or twice per week; however, we will design a plan that is best for you.

Fee per 1/4 hour is \$ ___ \$30 _____

Discounts are offered for advanced payment for 4 hours, 8 hours, 12 hours, etc.

Unscheduled telephone calls or e-mails over 5 minutes will be charged at the ¼ hour rate. 24 hours notice is required to cancel an appointment or you will be charged the full session fee. (Fees are subject to change every six months)

Payment is due in full prior to or at the time of each session. You may pay by check or credit card. I accept VISA, MASTERCARD, AMEX and DISCOVER. When you provide me with your credit card number, sessions will be billed only as they are used by you, or for the sequence of sessions you authorize, and this information will remain secure.

I would like to pay by: VISA M/C AMEX DISCOVER

Please enter credit/debit card #: _____

Expiration Date: _____

Billing Address on Card: _____

Signature: _____

CHECKING IN:

I check my e-mail and voice mail at least once a day. I will make every effort to get back to you within 24 hours. I usually am not available for emergencies. Please note that coaching is not recommended for clients who feel they may need emergency sessions.

CONFIDENTIALITY STATEMENT:

All information shared in session (as well as this form) is confidential except in circumstances governed by laws mandating that I report alleged plan to harm to self or others, and in the case of child, handicapped person, or elder abuse. If you would like me to consult with a third party on your behalf, please fill out my "Release of Information" form. You may withdraw this release at any time in writing.

I can verify that all information shared by phone or e-mail on my end will be confidential; however, I cannot guarantee that on your end. It is up to you to ensure your e-mail and phone are protected. I recommend an encryption software program to secure your e-mail. I dispose of all messages within 14 days or less and I recommend you do the same.

VENUE:

I would like to utilize the following type(s) of virtual coaching. My coach has explained the pros and cons of each venue: (please initial)

_____ By Telephone

_____ By Internet/E-mail

_____ By Video Conferencing

_____ Face-to-Face (specify location _____)

COACHING GOALS:

Coaching is a service which requires specialized training. It is designed primarily to assist clients in goal achievement. It is different than therapy, and while it may often include therapeutic techniques, it is not psychotherapy. I do not engage in the practice of psychotherapy with my coaching clients. Therapy is more appropriate than coaching for those who are in emotional distress. If during the course of coaching, I

determine that you would benefit from psychotherapy or medical services, I will make that recommendation. I may require that you to see a therapist along with your coaching, or may require that you postpone coaching until certain therapeutic issues are resolved. Please let me know if you are seeing a therapist concurrently with coaching. If you would like me to confer with your therapist, you will need to sign a written authorization.

Coaching is not intended for medical, mental health or legal problems. I do not prepare letters, forms or reports for any insurance, employer, school, medical, government or legal entity. I do not provide recommendations or legal testimony on behalf of clients.

Briefly state your goal(s) for your coaching program:

STATEMENT OF UNDERSTANDING:

Both coach and client have the right to stop coaching at any time, for any reason, however we both agree to let each other know in advance if we intend to do so. I have read this informed consent and am agreeable to it.

_____	_____	_____
CLIENT	DATE	
_____	_____	_____
COACH	DATE	