

COACHING : INFORMED CONSENT FORM

CLIENT INFORMATION:

DATE: _____

Name _____
Phone: (Home) _____ (Work) _____
Address: _____ City _____ Zip _____
Sex: Male _____ Female _____ Date of Birth _____
Others living in home _____
Employer _____ Position _____
How long have you worked at this job? _____
Highest level of education attained: _____
Primary Physician _____ Phone: _____
List any significant health problems _____
List any medications you are presently taking and 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 (therapist, physician yellow pages, friend, business) _____
Nearest relative, other than spouse: _____
Phone: _____ Relationship to you _____

FINANCIALLY RESPONSIBLE PERSON'S INFORMATION (if different from above):

Name: _____ Relationship to client: _____
Phone: (Home) _____ (Work) _____
Address: _____ City: _____ Zip: _____
Social Security Number _____ Date of Birth: _____
Employer: _____ Position: _____

FINANCIAL AGREEMENT:

Your fee per session is \$150.00 or by an agreed upon coaching package.

Sessions are 55 minutes unless otherwise agreed upon. Your time has been reserved for you. Twenty-four hours noticed is required for cancellation or you will be charged the regular session fee. Payment is due in full at the time of each session. You may pay by cash, or check. Charges will be added to your account for other professional services which you authorize, such as phone contacts (over 10 minutes), preparation of special forms, reports, court time, driving time, etc. The fee for these services is the same as your agreed upon fee above, per quarter hour increments, except for legal services.
