**WELCOME TO**

**MORE THAN YOU ARE COACHING**

If you hate paperwork and reading, then scroll down to CLIENT PROFILE and complete as much as you can. Then send it to me. \*

If you like highlighting, then scroll to the yellow highlighted area and select your ADHD symptoms. Then send it to me.

This document is for the purpose of informing you about this Coaching program. Like the Coaching you will receive it is about the practical aspects of the program.

The Coaching will be conducted online with the potential of face-to-face sessions based on availability and travel time factored in. More than you are Coaching does not offer a dedicated space for these types of meetings.

The program is not a fixed process of topics or time and includes access to me between the paid sessions. The way ADHD affects people is often unique to the individual. The solution to these difficulties is also unique and is the art to Coaching.

Coaching will be concerned with understanding you and working out what works for you. You are the expert.

The first step is to complete the registration form, read, and then sign the Coaching Agreement.

Then go to the Appointments section of the website [www.morethanyouare.com.au](http://www.morethanyouare.com.au)/appointments and book in an available time that suits you. The sessions available from 0900 – 1700 weekdays.

The number of sessions required will depend on the level of support and the areas of need. This will be assessed as accurately as possible. To obtain maximum benefit, Coaching requires a commitment to the process, and it is recommended to book and pay for multiple Coaching sessions in advance for accountability.

My role is to help you achieve what you want. The level of involvement you require is not limited to the sessions and could involve a home visit or attending Psychiatric appointments for example. As a Coach, I will not judge you. I will offer an opportunity for reflection or consideration on any choices or beliefs you have.

Understanding and knowing who you are is the key to how you fill the gaps and get to where you want to be. This can only be in comparison to you now, as you are unique and have walked a unique path.

Use the highlight feature (yellow symbol above) of Word to mark the one’s that apply to you.

Fundamentals

Sleep, Diet, Exercise, Medication, Fluids, Energy, Breathing and FUN.

Physical Environment

Decluttering, Organising, Skills, Qualities, Systems, Supports, Habits, Tools, Equipment, Budgeting, Routines, and Structure.

Emotional Environment

Motivation, Energy, Happiness, Self-esteem, Social tools, Mindset, Needs, Self-awareness, Boundaries, Strengths, Talents, Values, Beliefs, Fears, Anxieties, Support, FUN, Moods, and Emotions.

Connection

Social network, Work, Relationships, School, FUN, Communication, Family, and Supports.

Achievement

Accountability, Action, Planning, Tools, Review, FUN, Financial, Goals, Decision making, Happiness, Appreciation, Momentum, Learning, Expectations, Creativity, Purpose, Confidence, Passions and Dreams.

ADHD Context

Assessment of symptoms, Difficulties, Interest, Attention, Impulsiveness, Procrastination, Time, Organisation, Memory, Getting started, Distractions, Focus, and Creating a world that works for you in a world not designed with you in mind.

**\*CLIENT PROFILE Fields with \* mandatory**

|  |  |  |
| --- | --- | --- |
| \*CLIENT NAME AND PREFERRED PRONOUN | Click or tap here to enter text. |  |
| BUSINESS NAME | Click or tap here to enter text. |
| \*ADDRESS | Click or tap here to enter text. |
| \*PHONE | MOB: Click or tap here to enter text.  OTHER: Click or tap here to enter text. |
| \*EMAIL | Click or tap here to enter text. |
| \*CURRENT PROFESSIONALS  GP  PSYCHIATRIST  PSYCHOLOGIST  OTHER  PERMISSION TO TALK WITH THEM? | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. |

**ADDITIONAL CLIENT INFO**

|  |  |
| --- | --- |
|  |  |
| **Medications** | Yes/No If yes details/compliance    Click or tap here to enter text. |
| **Diagnoses** | Click or tap here to enter text. |
| **Family History of health/mental health** | Click or tap here to enter text. |
| **Work History** | Click or tap here to enter text. |
| **Nature of sleep** | Duration/feel rested/waking/time to fall asleep  Click or tap here to enter text. |
| **Main ADHD symptoms (Or as highlighted above.)** | Hyperactive Impulsive Inattentive etc  Click or tap here to enter text. |
| **Learning style** | Visual, Tactile, Auditory, Verbal, Cerebral  Click or tap here to enter text. |

WHO ARE YOU?

What is important to you? Click or tap here to enter text.

Who do you picture yourself to be? Click or tap here to enter text.

What hobbies do you have? Click or tap here to enter text.

Do you prefer 1 to 1 contact or comfortable in social space? Click or tap here to enter text.

Do you like noise or quiet? Click or tap here to enter text.

Is family important to you? Click or tap here to enter text.

What are the things you expect your friends would say about you? Click or tap here to enter text.