

Empowered to Win

Initial Application

Date of Referral:	/_	/	((DD-MM-YYYY)			
Is the client aware of and agreeable to this referral? \square Yes \square No \square Is this referral urgent? \square Yes \square No							
Referral Information	•						
Person referring:				First		Middle	
				Email: _			
Address:							
City:		State:		Zip Code			
Phone:		Fax:				-	
CLIENT INFORMATION							
Name:							
Last Spouse's Name:			First		Middle Initial		
	Last			First Gender:	Middle Initial		
				7: C. J.			
				_ Zip Code			
Contact Info: May we leave a message? Yes No							
Email address:			May we email? Yes No				
Spouses Email Addre	ss:						

*Note: Email is not considered to be a confidential medium of communication.



Type of Service: Payment is due prior to services rendered.

**Virtual accommodations are available for all services.
Relationship Coaching Fee: \$2400: 3-month commitment.
Relationship Coaching (12 sessions)
Individual Coaching Fee: \$1,200: 3-month commitment.
Lifestyle Coaching (12 sessions)