



WISDOM TO THRIVE COACHING SERVICES

Client Name:

Address:

Phone:

Email:

How did you find out about Brenda?

Currently receiving professional psychological counseling/therapy? Y N

If yes, are you currently taking prescribed medication for the mind? Y N

Please take your time to answer these few questions

- 1. How different do you want to feel as a result of life/wellness coaching support?*
- 2. What is your greatest challenge today?*
- 3. What have you done so far to help yourself?*
- 4. What is the first one or two things you would like to do, once you reach your desired goal?*
- 5. What else would you like me to know about you?*

Wisdom To Thrive Life Coaching services - Client Agreement

- As a client, I understand and agree that I am fully responsible for my well-being during my coaching sessions, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time. I recognize that coaching is not psychotherapy, medical advice, or psychiatric care and that professional referrals will be given if needed.
- I understand that "life coaching" is a relationship I have with my coach that is designed to facilitate the create/development of personal, professional, business, health, spiritual and other personal goals and carry out a strategy/plan/action/ for achieving those goals. I understand that life coaching is comprehensive and may involve exploration into all areas of my life, including work, finances, health, spiritual, relationships, education, and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.
- I understand that life coaching does not treat mental disorders as defined by the American Psychiatric Association. I understand that life coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care, or substance abuse treatment, and I will not use it in place of any form of therapy.
- I promise that if I am currently in therapy or otherwise under the care of a mental health professional, I have consulted with this person regarding the advisability of working with a life coach and that this person is aware of my decision to proceed with the life coaching relationship.
- I understand that the information will be held as confidential unless I state otherwise in writing, except as required by law.
- I understand that certain topics may be anonymously shared with other life-coaching professionals for training, or consultation purposes.
- I understand that life coaching is not to be used in lieu of professional advice. I will seek professional guidance for legal, medical, financial, business, spiritual, or other matters. I understand that all decisions in these areas are exclusively mine, and I acknowledge that my decision and my actions regarding them are my responsibility.

CANCELLATION POLICY

No refund If I cancel day of session.

50% refund if I give Brenda no less than 48 hours' notice of cancellation.

100 % cancellation If I give Brenda 72 hours or more notice of cancellation.

Accepted: Hand delivered to Brenda or certified mail delivery - of Official verifiable emergency declaration documents accepted for full refund or reschedule.

- I have read and agreed to the above.
- Client signature: _____
- Client Name Printed: _____
- Date: _____

Number of weeks/months you feel would be helpful for initial and or ongoing support?

1 week 3 weeks 4 weeks 3 months

Preferred form of payment: Cash CC Venmo Zelle

Rates

First two sessions 90 minutes and 60 minutes \$250

Continues services rates:

One Hour Sessions \$100

Ninety Minute Sessions \$150

Packages:

Savings Package of 4 sixty-minute sessions \$324 (save \$36)

Savings Package of 6 sixty-minute sessions \$576 (save \$147)

Savings Package of 10 sixty-minute sessions \$840 (save \$360)