

Liza M. Shaw, Certified Life Coach

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COACHING/CONSULTING INTAKE FORM

PERSONAL INFORMATION:

Name: _____

Address: _____

Email address: _____

Gender: _____ Date of Birth: _____

Main Phone Number: _____ Cell Landline Work

Relationship Status:

Single Engaged Married Separated Divorced Widowed Other

If engaged, married, separated, divorced or widowed: for how long? _____

Number of previous marriages for you: _____ For spouse: _____

If married, spouse's name: _____ Age: _____

Occupation/Grade: _____

Name of Employer/School: _____

Please list your children (including step, adopted, foster) below:

Name	Gender	Age or yr. of death	Relationship to you	Living with whom?

Type of Residence:

Homeless Renting College Dorm Own Home Staying with Someone

Who lives in your home with you?

Who do you consider to be your support system?

Please list all psychiatric, psychological and/or medical conditions, symptoms and diagnoses:

What are your goals for receiving Life Coaching? (use additional sheet if necessary)

Declaration and Disclaimer

I, the undersigned, understand that the coaching services offered to me by Liza Shaw are educational in nature and intended to provide me with goal-directed support and coaching. The coaching services may include, but will not necessarily be limited to: goal setting, identifying obstacles, creating and implementing action plans, encouragement for client to advocate for themselves in various areas of their life.

The coaching offered under this Agreement is acknowledged and understood to be of a strictly non-medical and non-psychological nature and is accepted solely and exclusively for instructional purposes. If exploration of options for any medical testing, treatment, diet and/or supplemental products occurs, it is intended only to support and balance the body with the sole intention of enhancing general health, and are not intended to diagnose, treat, cure, or prevent any disease. Nothing expressed, written, or implied should be considered as medical advice for dealing with any given medical condition. The information received cannot replace the advice or treatment of a qualified health care practitioner.

I, the undersigned, hereby certify that I fully understand and accept the above information and agree to ask for clarification on any information I do not understand. I agree to disclose all known psychiatric, psychological and/or medical conditions and have answered all questions openly and honestly. I agree to keep Liza informed of any future changes in my psychiatric, psychological and/or medical conditions and treatments. I further acknowledge that I have received a signed copy of this disclaimer for my records.

This AGREEMENT is made between Liza Shaw and the undersigned (hereinafter, known as Client)

The parties to this Agreement mutually agree as follows:

Client certifies that he/she is over the age of 18.

1. No implied warranties or representations are made other than those expressly contained herein and this document contains all of the terms of the Agreement between the parties. There are no guarantees regarding outcomes.
2. Client understands that a valid credit card must be kept on file at all times while receiving consulting/coaching services, and that this card will be charged just prior to each scheduled appointment.
3. Client further understands that non-emergency cancellations with less than 48 business hours' notice will incur the entire session fee, and that the credit card on file will be charged for this fee. Client will not dispute the charges made for a cancellation with less than 48 business hours' notice (Business hours are Monday through Friday, 9 a.m, to 5 p.m. est).
4. Client understands that a true medical emergency (such as being treated at an Emergency Department or admitted to the hospital) is the only valid reason to cancel without 48 business hours' notice and not incur a fee.
5. Client understands that Liza may terminate the coaching relationship for consistent no-shows or unwillingness on client's part, to comply with any parts of this agreement.
6. Client also understands that if Liza deems it necessary to refer client to a Licensed Therapist in their community, she will do so, and that regularly participating (at least once every 2 weeks) in therapy with a local provider could potentially become a condition of continuing coaching with Liza.
7. This Agreement may be executed in duplicate and a copy shall be considered as effective as an original.
8. Client understands that all information provided will be kept confidential and not shared with others.

I have read this form in its entirety including the declaration and disclaimer sections and understand the information that has been provided to me.

Signature

Date