

COACHING CLIENT PACKET

Judith Pedersen – Behavioral Coach & Consultant

judith@luzdelsolaba.com | 520-422-0506

1. Coaching Intake Form

Full Name: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Preferred Session Format: ☐ Video ☐ Phone ☐ Other: _____

Preferred Days/Times: _____

What are you hoping to work on through coaching?

What life changes, stressors, or challenges are you currently navigating?

Have you worked with a coach or counselor before? ☐ Yes ☐ No

If yes, what was helpful or not helpful about that experience?

2. Coaching Consent & Agreement

I understand that coaching with Judith Pedersen is a non-clinical, non-therapeutic service focused on personal development, skill-building, and behavioral strategies.

I understand that coaching:

- Is **not** mental health treatment, psychotherapy, or ABA
- Does **not** include diagnosis or treatment of any condition
- Is voluntary and may be ended by either party at any time

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- Is focused on future-oriented goals and strategies

Confidentiality: Judith respects client privacy and will not share your information without consent, except as required by law (e.g., risk of harm to self or others).

Payment & Scheduling:

- Sessions are paid at the time of service
- There is **no cancellation fee**, but notice of rescheduling is appreciated

Emergency Disclaimer: Coaching is not a substitute for emergency services. In a crisis, I agree to contact 911 or use a crisis resource such as:

- National Suicide & Crisis Lifeline: Dial **988**
- Crisis Text Line: Text **HOME** to 741741

By signing below, I acknowledge that I understand the nature of coaching and agree to participate within the guidelines stated above.

Client Signature: _____

Date: _____

3. Communication Preferences

Please initial next to each communication method to indicate whether it is allowed or not:

Type of Communication	Not Allowed	Allowed
1. Telephone (voice or voicemail)	_____	_____
2. Text Messaging	_____	_____
3. Email	_____	_____
4. Postal Mail	_____	_____

Client Signature & Date: _____

4. Limited Liability & Emergency Waiver

By signing below, I acknowledge the following:

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- I understand that coaching services provided by Judith Pedersen are **not** a substitute for therapy, psychiatric care, or crisis intervention.
- I agree that I am responsible for my own well-being and decisions throughout the coaching process.
- I understand that Judith Pedersen will refer me to appropriate resources if it becomes clear that therapy or medical support is needed.
- I release and hold harmless Judith Pedersen from liability for outcomes associated with coaching.

Client Signature: _____

Date: _____

Emergency Contact (confirmed): _____

