

# P139 SERVICES INC. CONFIDENTIAL CLIENT INTAKE FORM



## General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone #

Phone #

Email

Employer/School

Occupation/Years in School

Emergency Contact Name

Would you like to be added to our email list for tips and promotions?

Yes

No

How did you hear about us?

Marital Status:  Single  Married  Partnered  Widowed  Divorced  Polyamorous  \_\_\_\_\_

Preferred pronouns:

Do you consider yourself spiritual or religious?  Yes  No

If yes, please explain:

## Medical History

Please check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ADD/ADHD           | <input type="checkbox"/> Depression      | <input type="checkbox"/> Physical Abuse    |
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Sexual Abuse      |
| <input type="checkbox"/> Anxiety            | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Suicidal Thoughts |

Are you currently taking any medications?  Yes  No

If yes, please explain:

Have you had any surgeries or operations?  Yes  No

If yes, please list:

Have you had any therapy or coaching services in the past 30 days?  Yes  No

If yes, please explain:

Do you have trouble sleeping?  Yes  No

If yes, please explain:

Are you dealing with any addictions?  Yes  No

If yes, please explain:

Are you currently seeing a therapist?  Yes  No

If yes, please explain:

How would you rate your overall physical health?  Excellent  Great  Good  Fair  Poor

# P139 Services Inc. Habits & Goals Questionnaire



## Habits & Lifestyle

Are you usually  Early  On time  Running late

Do you exercise regularly?  Yes  No

If yes, please describe what you do and how often:

Do you watch TV?  Yes  No

If yes, when and how often?

Do you have hobbies?  Yes  No

If yes, what are they and how often do you do them?

What do you do for fun?

## Goal Information

Please answer the following questions to the best of your ability:

What are your personal goals?

What are your professional goals?

What changes would you like to make in your life right now?

What obstacles keep you from reaching your goals?

How do you define success?

# P139 Services Inc. Coaching Questionnaire



Why have you decided to work with a life coach?

What part of your life is working well?

What part of your life could be working better?

What are your expectations from this coaching relationship?

What would you like to focus on first when working with me?

What do you consider your strengths?

What do you consider your weaknesses?

If you knew you couldn't fail, what would you love to do?

# P13p Services Inc. Cancellation & No Show Policy



Your appointment is very important. We understand that sometimes schedule adjustments are necessary. Therefore, we respectfully request at least 48 hours' notice prior to your scheduled appointment time for cancellations or rescheduling of appointments. Please notify us by e-mail if your cancellation is outside of our normal business hours or you're unable to reach us by phone at \_\_\_\_\_

**ANY APPOINTMENTS CANCELLED/RESCHEDULED OR CHANGED WITHOUT 48 HOURS NOTICE WILL RESULT IN A CHARGE EQUAL TO 50% OF THE RESERVED SERVICE AMOUNT. ALL "NO SHOWS" WILL BE CHARGED 100% OF THE RESERVED SERVICE AMOUNT.**

We recognize the time of our clients and coaches is valuable and have implemented this policy for this reason. When you miss an appointment with us, we not only lose your business but also the potential business of other clients who could have scheduled an appointment for the same time.

Please remember that it is your responsibility to remember your appointment dates and times in order to prevent any missed appointments which result in a cancellation fee. Not receiving an electronic notification of your appointments from us is not sufficient reason to miss an appointment if the original confirmation notification was received timely.

It is mutually understood that if a cancellation is due to circumstances beyond any of our control, such as power outage, unfortunate incidence, illness, or weather that requires you or us to have to cancel or be closed during regular business hours, we will reschedule your existing appointment and no discount or rescheduling fee will apply.

## **ARRIVAL TIME**

Please arrive at your appointment at least 5 minutes prior to your scheduled appointment time. All coaching has a specific time schedule. An early arrival allows for a relaxed experience. If you arrive late, your coaching may be shortened in order to maintain our schedule.

## **LATE ARRIVAL POLICY**

All appointments begin and end on time in order to maintain our schedule. If the treatment does not start on time due to client tardiness, the coaching time will be reduced accordingly and you will still be required to pay full price. If a client is more than 15 minutes late, the appointment will be considered a cancellation.

**I have read and understood the cancellation and refund policy and agree to abide by the above conditions.**

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# P139 Services Inc. Coaching Disclaimer & Waiver



Please read and initial each of the statements below:

\_\_\_\_\_ I certify I am over the age of 18.

\_\_\_\_\_ I have voluntarily elected to receive coaching and the nature and purpose of this service have been explained to me.

\_\_\_\_\_ I understand that coaching can be used to help me focus and achieve the outcomes I desire including but not limited to improved confidence, heightened self-awareness, better relationships, clarity of purpose, goal attainment, balance, and improved communication.

\_\_\_\_\_ I understand that it is my Coach's intention to provide services that will assist me in reaching my goals.

\_\_\_\_\_ Based upon the information that I provide to my Coach and the specifics of my situation, my Coach will provide recommendations to me regarding coaching.

\_\_\_\_\_ I understand that I am a partner in the coaching process and that I have the right to agree or disagree with any of my Coach's recommendations.

\_\_\_\_\_ I recognize there are no guaranteed results and that independent results are dependent upon many factors including but not limited to networks, mindset, lifestyle, and habits. I understand that there is a possibility I may require further coaching to obtain the expected results at an additional cost.

\_\_\_\_\_ I understand that if the coaching relationship isn't working for me, it is my responsibility to say something so the coaching methods can be adjusted.

\_\_\_\_\_ I understand that progress will be tracked periodically, and at the end of the committed period, my coaching outcomes and progress will be evaluated.

\_\_\_\_\_ I understand that payment is due prior to my scheduled coaching appointment.

\_\_\_\_\_ I understand that this agreement is for coaching, not therapy.

\_\_\_\_\_ I understand that coaching cannot deal with issues such as depression or anxiety and that these issues must be dealt with by a physician or licensed mental health professional.

\_\_\_\_\_ I understand that my Coach will not diagnose or treat any medical or psychological conditions.

\_\_\_\_\_ I understand and agree that I am fully responsible for my well-being during my coaching sessions, and subsequently, including my choices and decisions. I understand that coaching is not a substitute for counseling, coaching, psychoanalysis, mental health care, or substance abuse treatment, and I will not use it in place of any form of therapy.

\_\_\_\_\_ By signing this agreement, I agree that I understand the difference between a coach and a therapist and that I will get appropriate professional help for any mental health issues.

\_\_\_\_\_ I understand that coaching is, at present, an unregulated industry and that my Coach is not licensed by the State of ENTER STATE HERE.

\_\_\_\_\_ I understand that all comments and ideas offered by my Coach are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent, and hereby give such consent to my Coach to assist me in achieving such goals.

\_\_\_\_\_ I understand that to the extent our work together involves career or business, my Coach is not promising outcomes included but not limited to increased clientele, profitability, or business success.

\_\_\_\_\_ I understand that because coaching is not a medical treatment, insurance will not cover the cost.

## **By signing below, I agree to the following:**

I have read and understood the coaching disclaimer and waiver. My signature below indicates that I have read this agreement carefully and understand its contents. I agree to release, waive, and forever discharge all liability toward my Coach, any agents, successors, executors, heirs, and employees from any claim, suit, action, demand, or right to compensation for damages I have or claim to have as a result of the advice I receive from my Coach or otherwise resulting from the coaching relationship. If I have any questions or concerns that I have about this waiver, I will ask my Coach to address them before I sign.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# P139 Services Inc. Confidentiality Agreement



Please read and initial each of the statements below:

\_\_\_\_\_ I understand that all information obtained in the course of my coaching services are confidential unless there is a compelling professional or legal reason for its disclosure.

\_\_\_\_\_ I understand that my Coach will disclose confidential information without a specific release as required by law or if the confidential information may put me or others at risk of harm or compromise their well-being. For example, if I report child, elder abuse or neglect or threaten to harm myself or someone else, I understand that necessary actions will be taken and my confidentiality agreement will be limited.

\_\_\_\_\_ I understand that my Coach may disclose confidential information without my consent as mandated or permitted by law.

\_\_\_\_\_ I understand that if my Coach is ordered by a court to provide information or to testify, he or she will do so to the extent required by the law.

\_\_\_\_\_ I understand that my Coach will not disclose confidential information to third parties unless I give written permission that it be shared.

\_\_\_\_\_ I understand electronic communications include, but are not limited to, emails, text messages, video conferencing, and voicemail and that the confidentiality of electronic communications cannot be guaranteed.

\_\_\_\_\_ I understand that by communicating with my Coach via electronic communications I am implicitly consenting to these communication methods despite their vulnerability and insecurity, and I understand that they may result in the unintentional harmful disclosure of personal information.

**By signing below, I agree to the following:**

I have read and understood the confidentiality agreement. I agree to waive all liability toward my Coach and BUSINESS NAME for any injury, losses, or damages incurred as they relate to this agreement.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# P139 Services Inc. Payment Info & Authorization



## Scheduling Information

Please check all the appointment days and times that are ideal for you:

- |                                    |                             |                             |                                   |                             |                             |
|------------------------------------|-----------------------------|-----------------------------|-----------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Thursday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Friday   | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM | <input type="checkbox"/> Weekend  | <input type="checkbox"/> AM | <input type="checkbox"/> PM |

## Payment Information

Amount  Cash  Check  Credit Card

## Credit Card Authorization

Please complete all of the fields below if you plan on paying by credit card. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Name on Card

Zip Code

Credit Card Number

Card Expiration

Card Type  Visa  Mastercard  AMEX  Discover  Other

By signing below, I authorize BUSINESS NAME to charge the credit card above for agreed upon purchases. I understand that my information will be saved for future transactions on my account.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date