



COACHING INITIAL ASSESSMENT

Name: _____ Date: _____

Phone: (Hm) _____ (Wk) _____ (Cell) _____

Which Number would you prefer to be called? _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Others living at home: _____

Employer: _____ Position: _____

How long have you worked at this job? _____ Do you like it? _____

Why or why not? _____

Highest level of education attained: _____

Specialty training: _____

Primary Physician: _____ Phone: _____

List any significant Health Problems: _____

List any medications you are presently taking and the dosage: _____

Are you now, or have you ever been in therapy? Yes No If yes, when? _____

Brief description of issues worked on: _____

Have you had coaching/consultation before? Yes No If yes, when? _____

Brief description of issues worked on: _____

Referred by (business, internet, consultant, friend, etc) _____

Please check all that concern you at this time.

- | | | |
|---|---|---|
| <input type="checkbox"/> Work/Life Balance | <input type="checkbox"/> Unrealized Goals | <input type="checkbox"/> Unrealized Salary |
| <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Lack of Direction | <input type="checkbox"/> Lack of Support |
| <input type="checkbox"/> Interpersonal Difficulties | <input type="checkbox"/> Mismatched Skills to Job | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Job performance | <input type="checkbox"/> Leadership Qualities | <input type="checkbox"/> Work/Skills Congruency |
| <input type="checkbox"/> Feeling Stuck | <input type="checkbox"/> Communication Difficulties | |
| <input type="checkbox"/> Career Transition | <input type="checkbox"/> Character Judgment | <input type="checkbox"/> Purpose, Meaning, Life Calling |



Briefly state what you hope to accomplish in your coaching program. _____

Briefly state what has stopped you from accomplishing this in the past. _____

COACHING INFORMED CONSENT

Financial Agreement.

Your fee per session is \$125 per 50 minute coaching session. Fees are subject to change every six months. Group session prices vary.

Discounts.

A full coaching program generally runs 12 sessions. You may choose to pre-pay in sequences of three sessions for a 10% discount. For each additional sequence you will receive an additional 10% discount. You are not required to attend your sessions, even if you pre-pay. You are however, required to give 24 hours notice of cancellation or you will be charged for that session. 3 session fee (Discounted): \$337.50

If pre-paid you will incur **a savings of \$150**. Sessions are 50 minutes unless otherwise agreed upon. Your time has been reserved for you.

Policies.

Twenty-four hours notice is required for cancellation or you will be charged the regular session fee. After two consecutive absences, Mrs. Hollomon may, at her discretion, refer you to another coach. Also, Mrs. Hollomon may refer you to another coach, at any time, at her discretion, as it is your right, as a client, to withdraw from the coaching program.



Payment is due in full at the time of each session. You may pay by cash, check, or credit card. Mrs. Hollomon accepts Visa, Mastercard, American Express and Discover. To save time in session, you may provide her with your credit card number, and she will bill out sessions only as they are used by you, or for the sequence of sessions you authorize.

Charges will be added to your account for other professional services which you authorize, such as phone contacts (over 5 minutes), preparation of special forms, reports, driving time, e-mails, etc. The fee for these services is the same as your agreed upon fee above, per quarter hour increments. These will be discussed with you before charges are made.

Emergencies.

Mrs. Hollomon does **not** provide a 24 hour crisis counseling service. If in a life threatening situation, *always* call 911 before contacting your counselor. You may also contact the Crisis Hotline # at: 800.244.5767 or 206.461.3222.

Confidentiality Statement.

All information shared in session is confidential except in circumstances governed by the laws including the mandatory reporting of alleged harm to self or others, and in the case of child, handicapped person, or elder abuse. All coaches and therapists are required by law to report such confidences to the proper authorities.

Coaching Goals.

Coaching is a service which therapists with specialized training are equipped to provide. It is designed primarily to assist clients in goal achievement. Mrs. Hollomon's specialty is helping people identify their unique talents and strengths and using those skills toward greater professional fulfillment. Coaching is different than traditional psychotherapy, and while it may often include therapeutic techniques, it is not psychotherapy. If during the course of coaching, you would benefit from psychotherapy or medical services, Mrs. Hollomon will make a referral for you. If you choose to seek psychotherapy services in addition to your coaching, she has found that it is more effective if provided by a different therapist. Please let her know if you are seeing a therapist concurrently with coaching. If you would like Mrs. Hollomon to confer with your therapist, you will need to sign a written authorization.



Venue.

I would like to utilize the following types of coaching. My coach has explained the pros and cons of each venue.

_____ Face to Face in coach's office

_____ By telephone

_____ By internet/e-mail

Statement of Understanding.

Mrs. Hollomon has reviewed this client-coach agreement with me, and explained it to me so that I understand.

Client's signature

Date

Coach's signature

Date

(Coach's Copy)



Keep For Your Records

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Statement of Understanding:

Mrs. Hollomon has reviewed this client-coach agreement with me regarding the Financial Agreement, the Discounted Rate, the Policies, Emergencies, Confidentiality, Coaching Goals, and Venue, and explained it to me so that I understand.

Client's signature

Date

Coach's signature

Date

(Client Copy)