

CLIENT LIFE COACHING RECORD FORM

Melissa R. Tower, MA, LLP, CPC

ADMINISTRATIVE & SELF-REPORT INFORMATION (*Completed by client*)

Client: _____ Date of Birth: ___/___/___ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

How would you prefer that I contact you if necessary: (Please circle):

Telephone: Work (____) _____ Home: (____) _____ Cell: (____) _____

May I leave a message: answering machines/voicemail: yes no With a responsible adult: yes no

Employer/School: _____

Gender: Male Female Marital Status: Married Single Divorced Widowed

Emergency Contact: _____ Telephone: (____) _____

Parent/Guardian (if relevant): Name: _____

Address: _____ Telephone: (____) _____

Current Medical Conditions: _____

Current Medications, Herbal Supplements & Vitamins (Daily Dose, Start Date, Name of Prescriber): _____

Reason for Seeking Life Coaching: _____

What goals are you hoping to gain from Life Coaching: _____

Client Signature: _____ Date: _____

Payment Agreement Form
Life Coaching Services
Responsible Party Information

Name: _____ Phone #: _____

Address: _____

Life coaching services for Client: _____

I agree to have the above charged to my credit card: upon every contact of a charge of \$1.00 per minute of services rendered.

Card Type: _____

Card #: _____ Expiration Date: _____

Cardholder Name: _____

Authorization #: (3 digit pin on back) _____

I agree with the terms outlined in this payment arrangement and understand that if I default on this agreement collection action will be taken. Expected payment is 10% of the outstanding balance, plus current co-pays, with a minimum payment of \$25.

Signature of Responsible Party:

Date:

Life Coaching Agreement & Expectations

Professional Disclosure Statement as a Life Coach

Personal message from Melissa:

It is my privilege and responsibility to empower, mentor, encourage and motivate my clients to identify goals and objective, develop plans and continue on their path toward self-improvement, balance and achievement.

My goal is to assist my clients in identifying and clarifying their individual goals and desires by enabling them to create a plan and take actions to achieve their objectives. The progress of clients will be measured as their goals and objectives are achieved. As a coach, my goal, is to create sustainable results, during the coaching process, and for years to come.

As a Professional Life Coach, I will:

- maintain a professional relationship with my clients at all times.
- always keep my clients' interests above those of my own.
- maintain, guard and guarantee my clients' confidentiality.
- not offer counseling or psychotherapy to any client in my duties as a coach.
- never do harm to any client.
- develop lasting relationships built on a foundation of honesty, integrity and respect with every client I serve.
- commit all of my professional experience, energy and focus to helping every client I serve.
- expect success from every client I serve, and I will not be limited in my expectations by my clients' past performances.
- encourage my clients to believe in themselves, set realistic goals, take appropriate actions and celebrate success.
- provide my clients with a safe and nurturing coaching experience which will allow them to be themselves without fear of judgement, criticism or failure.
- remain committed to professional excellence in all the at I do and all I provide.

Client and/or Parent Signature

Date

Life Coach Signature

Date

Consent For Life Coaching Services

Melissa R. Tower, MA, LLP, CPC

I, _____, voluntarily consent to life coaching,

Client Name and/or Guardian (please print)

by Melissa R. Tower, MA, LLP, CPC. I am aware that Melissa R. Tower, MA, LLP, CPC believes and has

explained to me that her services may benefit me. However I understand that the practice of life coaching is not an exact science. As a consequence, I acknowledge that no guarantee has been made to me concerning the result of any services which may be rendered. Further, I understand that evaluation and support will involve discussion of personal events in my own history, which at times can be discomfoting and is at all times very personal.

_____ Initial *I agree to the above and understand that I am hiring Melissa Tower as a Life Coach and not a psychotherapist.

_____ Initial *I agree to pay Melissa Tower a fee of \$2.00 a minute, if in person, Skype, or telephone consultation charged to my given credit card.

_____ Initial *I agree that my progress and success in my life are dependent on myself and not Melissa Tower.

_____ Initial *I agree to our coaching to be in the form of in person consultation, via Skype, video chat via phone, email or strictly by telephone.

_____ Initial *I understand that Melissa Tower will do everything in her power to maintain my confidentiality but with using technological resources, I understand that my confidentiality may be compromised and will no hold Melissa Tower accountable.

Confidentiality

I understand that I have the right to confidentiality regarding communications with Melissa R. Tower, MA, LLP, CPC. I also understand that many times communications with my physician or others involved in my care are in my best interest and I may be asked verbally or in writing to consent to the release/discussion of such information. I also understand that there are specific situations when professionals are legally required to report to the appropriate authorities/persons information I reveal which clearly indicates danger to myself or others (eg. Potential suicide or homicide). A professional life coach is also required by law to report any knowledge of abuse or neglect of a child or an incompetent, disabled, or otherwise restricted person. A life coach may also be required to release information in response to a court order in some circumstances.

Services Duration

I understand that I have the right to terminate my services at any time I chose to do so. My life coach may also terminate my treatment if she feels it is no longer beneficial or there are financial barriers to continuing.

Responsibility

I understand that it is my responsibility to inform my life coach of any changes in my physical or mental condition.

Patient/Guardian Signature

Date

Witness Signature

Date