

Please provide the following information and answer the questions below.  
Please note: the information you provide is protected confidential information.

**Name:**

**SSN:**

(Last) (First) (Middle)

**Name of parent / guardian (if under 18 years) or spouse if seeking couple counseling:**

(Last) (First) (Middle)

**Birthday**

**Age**

**Gender**

Male

Female

(Month) (Day) (Year)

**Home / Postal Address**

(Street Address / P.O. Box) (City) (State) (ZIP)

**Home Phone**

**Email**

May we leave a message? Yes No

**Cell / Other Phone**

May we email you appointment reminders? Yes No

May we leave a message? Yes No

*\*Please note: Email correspondence is not considered to be a confidential medium of communication.*

**How did you find us?**

Google Friend Pastor Doctor Other:

**Employment Status:**

Student Unemployed Part-Time Employed Full-Time Employed Type of Work:

**Highest Level of Education Completed:**

GED High School Associate Bachelor Master Doctorate Other:

**Marital Status**

Never Married Domestic Partnership Married Separated Divorced Widowed

**If married, how long?**

**Spouse's Name:**

**Spouse's Birthday**

(Month) (Day) (Year)

**Emergency Contact:**

(First Name) (Last Name) (Relationship) (Phone Number)

Other than yourself, is there anyone you want to give permission to ONLY make or change or check your appointments? (Otherwise, we cannot speak to anyone but you.)

(First Name) (Last Name) (Relationship) (Phone Number)

**Client's Name:**

**Birthday:**

**Age:**

**Gender:**

(Month) (Day) (Year)

**What is your primary goal?**

**On a scale of 1 to 10, how would you rate your happiness level?**

**Low** 1 2 3 4 5 6 7 8 9 10 **High**

What makes you most happy in in life right now?

**On a scale of 1 to 10, how would you rate your current stress level?**

**Low** 1 2 3 4 5 6 7 8 9 10 **High**

What is the most challenging obstacle you have overcome in your life thus far?

What has been your biggest success in your life thus far?

What does success look like to you?

What changes would you like to see in your life? What do you feel is hindering you the most from making these changes?

Where do you see yourself when this program is over? What do you think it will take to get there?

Please tell us other important facts to know about you.

### **Covenant Counseling and Consulting LLC Coaching Agreement**

This agreement is entered into by and between \_\_\_\_\_ and Covenant Counseling and Consulting, LLC, 251 Johnston Street, Suite 100, Decatur, AL 35601, and Provider. Provider agrees to provide coaching services for the client focusing on achieving the goals set forth by the client.

Description of Coaching: Coaching is a collaboration between client and coach that inspires the client to maximize personal and professional potential.

#### **1. Coach-Client Relationship**

- a. While coaches are not bound to HIPAA guidelines and the Coach-Client relationship is not considered a legally confidential relationship, confidentiality is still extremely important, your identity and ongoing work will be kept confidential. Information will only be released with your written authorization, court ordered, or if deemed reportable to Child Protective Services or the authorities for acts of violence or other events required by CPS to report.
- b. Client is solely responsible for his/her own physical, mental, and emotional well-being.
- c. Coach is not and will not be liable for any actions or inaction, for any direct or indirect result of any services provided by the Coach.
- d. Client understands coaching is NOT therapy and does NOT substitute for therapy.
- e. Coaching does not prevent, cure, or treat any mental or medical disorder.
- f. Client acknowledges that coaching is a comprehensive process that may involve different areas of his/her life including but not limited to: work, finances, health, relationships, education, and recreation. It is the client's responsibility to implement the coaching principles.
- g. Client acknowledges that coaching does not involve diagnosing or treating mental or health disorders. Coaching is not to be used as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, substance abuse treatment or other professional advice given by legal, medical, or other qualified professionals. It is recommended that if a client is under the care of a mental health provider, he/she should inform the provider of the coach-client relationship.
- h. Client may ask for referrals or for information about potential providers of medical services such as: psychiatrist or educational information however, such information or referrals do not constitute as medical advice or the endorsement of the service provider.
- i. Client understands for best practices to communicate honestly and be open to feedback and assistance. The client should also create time to participate fully.

**2. Schedule and Fees**

- a. The time and location of coaching meetings will be mutually agreed upon by the coach and client.
- b. Access to 24-hour care is not available. In case of an emergency call 911.
- c. Coaching meetings are not covered by insurance and will be subject to a fee of \$75.00 for a total of 60 minutes.
- d. Cancellations without a 24-hour notice or if you simply do not show for your coaching session will result in the following fees: no charge for first missed appointment, \$37.50 for second missed appointment, and \$75.00 for each additional missed appointment; this charge will be charged to your card on file.
- e. A credit card on file is required for all coaching clients.

**3. Liability**

- a. No part of any coaching session or communication is to be transmitted by the client or coach in any form for the benefit of any party without express written consent of the client and the coach except for telehealth sessions. Recording of sessions in any form and at any time is prohibited. The services provided are intended for the scheduled participant only. In regard to telehealth sessions, since the client’s surroundings are beyond our control, it is the client’s responsibility to verify the surroundings are private and the client is not being overheard by others who are unseen by the coach.
- b. Except or implied with respect to coaching services negotiated, agreed upon and rendered. In no event shall the Coach be liable to the client for any indirect, consequential, or special damages.
- c. If a dispute arises out of this agreement that cannot be resolved by mutual consent, the client and Coach agree to attempt to mediate in good faith. If the dispute is not resolved and in the event of legal action, the prevailing party shall be entitled to recover attorney’s fees and court cost from the other party.

**Acknowledgement and Release of Liability**

By signing this disclosure and consent statement, I acknowledge that I understand the above information. I agree to hold harmless Covenant Counseling and Consulting, LLC and my life coach from all liabilities and claims which may arise as a result of my participation in life coaching.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION AND  
INVOLVEMENT IN TREATMENT FOR FAMILY MEMBERS/FRIENDS**

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize the personnel of Covenant Counseling and Consulting LLC to release all coaching information to my family members and other individuals listed below.

\*Limited **(L)** - Appointment Times, Scheduling and Financial Information Only

Participation/Involvement in Treatment **(P)** - listed individuals can attend sessions with you upon your request

All **(A)** - To include items listed above as well as all other pertinent information

*\*If limited please indicate authorized information for each individual listed.*

I may revoke this authorization by phone or in writing at any time.

Name	Relationship to Patient	Phone Number	L, P, or A
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Permission to leave a message on an answering machine or voice mail      Yes      No

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



## Payment Authorization Form

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Payment Method Details:

Amex  Discover  MasterCard  Visa

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Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

### Billing Address:

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### Acknowledgement:

The practice may utilize my payment methods on file for any balances, including late cancellation and no-show fees, without additional authorization.

I understand signing this form I have read and understand Covenant Counseling's Consent for Services.

X

\_\_\_\_\_  
Card Holder's Signature

Date: \_\_\_\_\_