

FIVE STONES

INTEGRATIVE HEALTH

CLIENT INFORMATION FORM

Today's DATE: _____

Client Name: _____

M/F (circle one) Date of Birth: _____ Age: _____

Work phone: _____

Mobile phone: _____

Home phone: _____

Occupation: _____

Address: _____

Email address: _____

(Circle preferred mode of contact): E-mail, work phone, mobile phone, home phone, text

Best time/Days to reach you: _____

Emergency contact Name: _____ Relationship to

client: _____ tel #: _____

Primary reason to seek out coaching services: _____

Five Stones sends out seasonal newsletters pertaining to wellness and health that can include special offers. It's a small, local business, with real writers. To opt out, initial here: _____

CONSENT TO COACHING

By signing this document, I agree that I have read and been informed of the contents of this agreement **AND** consent to being coached by HELEN WHITEHEAD, Professional Coach at Five Stones Integrative Health.

1. I understand that for coaching to work I must be committed to creating a professional alliance with my coach.
2. I understand that my identity and all the content of our sessions are completely confidential. My privacy is upheld at all times.
3. I agree to shape the coaching relationship to best meet my needs by:
 - Sharing what I know about my own motivations
 - Being honest about what I want and what I fear
 - Asking for changes if the coaching strategy is not working
4. I give the coach permission to:
 - Challenge me with probing questions
 - Make requests of me to take action on a goal
 - Hold me accountable for taking actions I commit to
 - Provide inquiries for me to think about
 - Speak to me in a straightforward and honest manner
5. I agree to the following scheduling items:
 - If I am late for an appointment, my session will be shortened
 - I will cancel any appointment 24 hrs. in advance
 - I forfeit the session fee if I do not cancel 24 hrs in advance
 - The coach and I mutually agree to begin and end a session on time, (unless we have both agreed at the beginning of a session for a longer period of time due to a particular exercise or topic)
 - Coaching hours are from 8:30 a.m.–5:30 pm EST. For appointments outside of those hours, exceptions may be made on a case-by-case basis.
6. I understand and agree to the following fees for service:
 - \$125 per hour (pro rated by the ½ hour)
 - Fees are due at time of session by PayPal or by check
 - Fees include unlimited emails sessions with my coach.
7. I understand that Helen Whitehead, my coach, is an experienced professional who received training and certification through CTI (Coaches Training Institute) and ICF (International Coach Federation). I also understand that coaching is not psychotherapy, nor is it licensed or regulated.
8. I authorize Helen Whitehead to submit my name, contact information and number of billable coaching hours to the International Coaching Federation (ICF) solely for certification renewal purposes. (To opt out, initial here: _____)
9. I understand that the coaching sessions can be offered face-to-face, or by telephone.
10. I take responsibility in being the sole decision-maker in the coaching process and do not hold the coach liable for the outcome. I recognize and agree that no promise has been made to me regarding the outcome, results, or benefits of our coaching sessions.

I have read this form entirely and also have received this information by my coach. It is with informed consent that I understand I am under no obligation to sign and do so of own volition in order to pursue Coaching Services.

CLIENT SIGNATURE: _____

DATE: _____