

Client Information

Name _____ H or W Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____ Age _____

Email Address _____ Referred by _____

Work Information

Occupation _____ Your responsibilities _____

Additional Information

How would you describe yourself? _____

Describe your relationship. _____

Have you ever had counseling? How did it help? _____

Physical illnesses or injury (describe)? _____

Are you presently taking any medication (describe)? _____

How would you like your life to be different in each of the following areas?

Work _____

Relationship _____

Family/Friends _____

Health _____

Spiritual _____

First Session Guarantee

If for any reason you are dissatisfied with your initial session let me know and there will be no charge.

Informed Consent Agreement

I understand that coaching sessions or workshops are for educational purposes and are not psychotherapy or a substitute for psychotherapy. Coaching differs from psychotherapy in that therapy typically focuses on illness or the effects of trauma while coaching focuses on the enhancement of achievement and fulfillment in a person. Coaching is partnership (defined as an alliance, not a legal business partnership) between the Coach and the Client in a thought-provoking and creative process that inspires the client to maximize personal and professional potential. I also understand that this work will likely bring about deep emotional and mental change. In signing this consent I assume full responsibility for myself (and/or for my children) during any work – and for all the results of this work – and hereby release Transparent Life Ministries, Christina Dammerman, and any other involved parties from any and all liability. I agree to provide 24 hours notice if canceling or rescheduling a session.

Signed _____ Date _____