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COACHING INTAKE & INFORMED CONSENT FORM

(please fill out all 5 pages in its entirety)

Date: _____

CLIENT INFORMATION:

Name: _____

Phone: (Home) _____ (Work) _____

May I leave you a voice message at this/either number? Yes ___ No ___

Fax: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

May I mail to you at this address? Yes ___ No ___ May I e-mail you? Yes ___ No ___

Sex: Male _____ Female _____ Date of Birth: _____

Others living at home: _____

Employer: _____ Position: _____

How long have you worked at this job? _____

Highest level of education attained: _____

Primary physician: _____ Phone: _____

List any significant health problems: _____

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

Are you now, or have you ever been in therapy? YES _____ NO _____

If yes, when? _____ Name of therapist: _____

Brief description of issues worked on: _____

Have you had coaching/consultation before? YES _____ NO _____

If yes, when? _____ Name of coach/consultant: _____

Brief description of issues worked on: _____

Whom may we thank for referring you (therapist, physician, friend, business, etc.) _____

Please sign here if you give us permission to send a "thank you" note.

Nearest relative, other than spouse: _____

Phone: _____ Relationship to you: _____

FINANCIALLY RESPONSIBLE PERSON INFORMATION (if different from above):

Name: _____ Relationship to client: _____

Phone: (Home/Cell) _____ (Work) _____

Address: _____ City: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Employer: _____ Position: _____

FINANCIAL AGREEMENT:

Sessions Fee: 45 minutes is \$125.00 • 60-65 min is \$150.00 • 75 min is \$200.00
Additional per quarter hour is an additional \$ 40.00

(Fees may be subject to change annually)

DISCOUNTS:

A full coaching program generally runs 12 sessions. You may choose to pre-pay in sequences of 3 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 48 hours notice of cancellation or you will be charged for that session. Any unused pre-paid sessions will be refunded.

3 session fee: \$_____

6 session fee: \$_____

9 session fee: \$_____

12 session fee: \$_____

Sessions are **in quarter hour increments**. Your time has been reserved for you. 48 hours notice is required for cancellation or you will be charged the regular session fee.

Payment is due in full prior to your appointment at the time of each session. You may pay by cash, check, or credit card. We accept VISA and MASTERCARD. You may also pay via PayPal. To save time in session, you may provide us with your credit card number, and we 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), e-mails, preparation of special forms, reports, court time, driving time, etc. The fee for these services is the same as your agreed upon fee above, per quarter hour increments. Fees are subject to change every six months.

VENUE:

I would like to utilize the following type(s) of coaching. My coach has explained the pros and cons of each venue:

_____ Face to face in coach’s office

_____ Face to face in my office

_____ Face to face in other location

_____ By telephone

_____ By Internet/e-mail

_____ Video conferencing via Internet

CHECKING IN:

I check in with my answering service/voice mail at least once a day. I generally do not return calls on weekends. In the case of an emergency and you cannot reach me, you can call one of the emergency numbers given to you at your initial session. Please note that coaching is not recommended for clients who feel they may need emergency sessions.

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 harm to others, and in the case of child, handicapped person, or elder abuse. I am required by law to report such confidences to the proper authorities.

I can verify that all information shared by phone or e-mail on my end will be confidential; however, I cannot guarantee that on your end. It is up to you to ensure your e-mail and phone are protected.

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. It is different than traditional psychotherapy, and while it may often include therapeutic techniques, it is not psychotherapy. If during the course of coaching, we find that you would benefit from psychotherapy or medical services, (or that therapy would be more appropriate for you than coaching)I will make that recommendation and try to help make a referral for you. If you choose to seek psychotherapy services in addition to your coaching, I have found that it is more effective if provided by a different therapist. Please let me know if you are seeing a therapist concurrently with coaching. If you would like me to confer with your therapist, you will need to sign a written authorization.

Briefly state your goal(s) for your coaching program:

STATEMENT OF UNDERSTANDING:

My coach has reviewed this client-coach agreement with me, and explained it to me so that I understand and am agreeable to it.

CLIENT

DATE

COACH

DATE

PARENT OR GUARDIAN IF MINOR

DATE

When completed, please send via email to: rzavarella11@gmail.com or by fax to: 216-831-1269 prior to your first appointment.

Thank you.

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