

Coaching: Client Paperwork

Name: _____ Age: _____ Todays Date _____

Employment

Occupation: _____ Employer: _____

Household Information

Name	Relationship	Age	Occupation	Do you want to discuss concerns about this person?

1. What do you hope to accomplish through Coaching?

2. In one year, what do you hope will be different as a result of the work we will do?

Jill M. Lillard
Lifesong for Growth & Wellness, LLC

3. What are you most excited about in your life right now?

4. What is most upsetting in your life right now?

5. How are you feeling overall about yourself and your life? Why?

6. Please write down 5 major events that have shaped your life.

1 _____

2 _____

3 _____

4 _____

5 _____

Jill M. Lillard

Lifesong for Growth & Wellness, LLC

Coaching Agreement and Consent coaching with Jill M. Lillard

Prior to entering into a life coaching relationship, please read the following agreement carefully and indicate your understanding by signing below. If you have any questions, consult your coach before signing.

1. I understand that life coaching is based around a relationship with a life coach that is designed to facilitate the establishment of long-range goals and short-term objectives and the achievement of those goals.
2. I understand that the role of the life coach is to assist me with improving the quality of my life.
3. I understand that life coaching is comprehensive in that it deals with almost all areas of my life, including work, finances, health, education, relationships, and spiritual issues. I acknowledge that deciding on how to handle these issues and implementing my decisions remains my exclusive responsibility.
4. I understand that life coaching is for people who are already basically successful, well adjusted, and emotionally healthy.
5. I understand that confidentiality in the life coaching relationship is limited. Confidentiality will not apply to certain crimes that have either been planned or committed. Such crimes may need to be reported to legal authorities. It is also possible that certain topics discussed could be reviewed with other life coaching professionals for training and development purposes.
6. **I understand that life coaching does not treat mental disorders** as defined specifically in the *Diagnostic and Statistical Manual of Psychiatric Disorders*. If I have anything in my past indicating that I have an unresolved and serious emotional or physical problem or a mental disorder, I certify that I am not using life coaching as a substitute for assistance from a mental health professional or a medical doctor.
7. **I understand that I will not use life coaching as a substitute for counseling, psychotherapy, psychoanalysis, mental health care, or substance abuse treatment.**
8. If I am currently in therapy or under the care of a mental health professional, I will have consulted with that person regarding the advisability of my working with a life coach. Additionally, I will inform my coach of this relationship.

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9. **I will not use life coaching in lieu of counseling**, professional medical advice, legal counsel, accounting assistance, business consultation, or spiritual guidance, and for each of these areas, I understand I should consult the appropriate professionals. I acknowledge that I will not use life coaching as a substitute for such professional guidance. I further acknowledge that all decisions on dealing with these issues lie exclusively with me.
10. I agree to notify my coach immediately of any concerns I have during the coaching experience.

Please initial:

____ I willingly give my consent to receive coaching services with Jill M. Lillard.

____ I understand that I am financially responsible for my balance and that payments are due time of service.

____ I understand that if I fail to give 24 hours notice/miss a scheduled appointment, I will be billed for the full amount of the session or that it will be counted as an appointment previously paid for in my coaching package.

I have read and received a copy of the Coaching Agreement and Consent and fully understand/agree with all information.

Client Signature _____
Date _____

Print Name _____

Witness or Employee Signature : _____ Date _____