

Communicating Love Coaching
39 W. Pine Ave. Meridian Idaho 83642
Phone:208 887-6283 Fax: 208-297-6038



COACHING INITIAL INTERVIEW & INFORMED CONSENT FORM

CLIENT INFORMATION:

Today's Date _____

Name: _____
Phone:(Home) _____ (Work) _____
Can I leave you a voice message at this/either number? Yes _____ No _____
Fax: _____
May I email to you at this address including invitations for extending other services?
E-mail: _____ Yes _____ No _____
Address: _____ City: _____ Zip: _____
May I mail to you at this address? Yes _____ No _____
Sex: Male _____ Female _____ Other _____ Date of Birth: _____
Others living at home: _____
Others who may have access to your e-mail: _____
Employer: _____ Position: _____
How long have you worked at this job? _____
Highest level of education attained: _____
List any significant health problems: _____

List the purpose of any medications you may be taking: _____

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: _____

Referred by (therapist, physician, Internet, friend, business, etc.) _____
Nearest relative, other than spouse: _____
Phone: _____ Relationship to you: _____

FINANCIALLY RESPONSIBLE PERSON'S INFORMATION (if different from above):

Name: _____ Relationship to client: _____
Phone:(Home) _____ (Work) _____
Address: _____ City: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____
Employer: _____ Position: _____

Rates:

\$50 per 15-minute session

FINANCIAL AGREEMENT:

Your Intake fee session is \$175 for the 80-minute Goal setting evaluation)

Your regular session fee is according to the package you choose: _____

(1 session is 15 minutes) (Fees are subject to change every six months)

DISCOUNTS:

A full coaching program generally runs 48 sessions (6-12 or 24 visits depending on your goals).

You may choose to pre-pay in sequences of 4 sessions for a discount. For each additional sequence you will receive an additional discount. You are not required to attend your sessions, even if you pre-pay. You are however, required to give 24 hours' notice of cancellation or you will be charged for that session. Any unused prepaid sessions will be refunded at the used rate.

Each 8 session \$360 (45.00 per session) (2 hours)
32 session fees: \$1280 (40.00 per session) (8 hours)
48 session fees: \$1800 (37.50 per session) (12 hours)

Marriage Greatness! Or Personal Performance Extraordinaire - 1 year of intensive support:

320 session fees: \$9600 (30.00 per session) (80 hours)

8 session special Hypnosis Topic \$400 (50.00 per session) (2 hours)

Sessions are **based on quarter hours**. Your time has been reserved for you. 24 hours' notice is required for cancellation/rescheduling or you will be charged the regular session fee.

Payment is due in full at the beginning time of each package or session. You may pay by cash, check, or credit card. We accept VISA and MASTERCARD. 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), 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.

EMERGENCIES:

I generally return calls and emails within 24 – 48 hours. I generally do not return calls on weekends. Coaching is not designed for emergencies. In the case of an emergency please call 911 and/or go to your nearest medical facility.

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, I will make a referral for you. I may require you to see a therapist along with your coaching or may require that you postpone coaching until certain therapeutic issues are resolved. 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.

I do not prepare letters, forms or reports for any insurance, employer, school, medical, government or legal entity. I do not provide recommendations or testify in court on behalf of clients.

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

VENUE:

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

- | | |
|---|---|
| <input type="checkbox"/> Face to face in coach’s office | <input type="checkbox"/> By internet/e-mail |
| <input type="checkbox"/> Face to face in my office | <input type="checkbox"/> By internet Video (Zoom or VSEE) |
| <input type="checkbox"/> By telephone | <input type="checkbox"/> By Texting |

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

The following listed individuals have my authorization to be a part of my confidential information and participate with me in my coaching as the Coach with me deems supportive to my purposes for achieving my goals.

Name	Relationship	Date:

Disclaimer:

Confidentiality cannot be guaranteed by me that your friends or family members will keep confidential what is discussed in Coaching.

I understand the information I share with Rodney Limb in an individual session may not always be kept confidential from those I invite to participate in other coaching sessions with me at any time.

By inviting others to participate in Coaching or joining in couples, family, or group coaching; I acknowledge work with couples and families and friends require certain additional compromises in privacy as outlined above.

CLIENT

DATE

PARENT OR GUARDIAN IF MINOR

DATE