Holistic Restoration Coaching Client Intake Form

Name _____ DOB _____/_____/_____ Date _____
Address _____ City _____ State____ Zip _____
Phone (H) _____ (W) _____ (C) _____
Email Address _____ Referred by _____
Occupation _____ Employer_____
Emergency Contact _____ Relationship _____ Phone _____
Have you had coaching before? _____ If so, what were your results?_____
_____

Virtual Coaching Participation—If you are enrolled in a coaching program, you are eligible to participate in HR's Virtual Coaching program at no additional charge. This program offers a daily inspirational message to keep you focused on creating the lasting change you desire, along with exclusive access to training videos to compliment your coaching sessions. If you are interested in taking advantage of this offer, please indicate how you would prefer to receive your daily messages:
Text Me_____ Email Me_____

Monthly payment authorization—By completing this section, I authorize payments for my coaching services to be processed on the ____ day of each month using the information I've provided. I understand that my credit card will be charged for the agreed upon amount until my service agreements have been fulfilled and that it is solely my responsibility to inform my coach if I desire to cancel this agreement. Card Number_____ Exp Date___/___ CVV code____
Name on Card_____ Amount_____
Billing Address (if different from above)_____

Office Policies

My initials indicate that I have read & agree to adhere to the office policies throughout my care.

___ If referred by another health care provider, I give permission to update the referring individual on my progress.

___ If I arrive past my scheduled appointment time, I am still responsible for the entire session fee.

___ I understand that I am liable for the full session fee of any appointment cancelled with-in 24-hours of the scheduled time.

___ I understand that either my coach or myself have the right to terminate the session at any time.

Informed consent: Please take a moment to carefully read the following & sign where indicated.
I understand that the information above is accurate to the best of my knowledge and I freely give my permission to be coached. I understand that life coaches do not diagnose conditions, prescribe medications or give medical advice. I agree to update my coach in regard to changes in my health and understand that there shall be no liability on my coach's part should I forget to do so.

Signature _____ Date _____

Consent to treat a minor: My signature authorizes Crissy Keye to coach my child or dependent, as they deem necessary. Signature of Parent/Guardian _____ Date _____

Coach's Signature _____Date _____