



Confidential Health Coach Registration Form:

Name: _____ Date: _____

Current Primary Area of Concern: _____

List any previous efforts to solve this problem: _____

What other areas in your life would you like support in?

- | | | |
|--|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Fears/Phobias | <input type="checkbox"/> Habits | <input type="checkbox"/> Pain Management |

What areas in your life would you like to improve?

- | | | |
|--|---|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Career Enhancement | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Self Confidence | <input type="checkbox"/> Memory Recall | |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Sports Enhancement | |

Please read each point below, as signing this contract confirms that you understand each statement, it will then be expected that the client listed above will meet their contractual obligations as outlined below.

1. Once sessions and session packages are paid for the monies become **non-refundable and non-transferable. Credit will be left on account for one year.**
2. Sessions are based on a fifty-minute hour.
3. Please show up on time. Out of respect for other clients, the sessions must also end at the scheduled time.
4. **24 hours notice appointment cancellation is considered the minimum.** No-shows will be billed half of the session rate or a session will be deducted from package. Eg. In the event of a no-show the client may choose to either deduct one session from the package or pay one half of the session fee. Please inform us of any schedule changes.

Please read Disclaimer Form:

- **Coaching may or may not include any of the following modalities to expedite change within the client and aide in relaxation: Visual imagery, creative visualization, hypnosis, Neuro Linguistic Programing, stress reduction processes and techniques for the purpose of vocational and/or a vocational self-improvement.**
- **I understand that the coaching I am receiving is not a substitute for medical or psychological or medical care.**
- **Additionally, I should and will continue any present medical treatment and consult my regular family Physician for treatment of any further illnesses.**

I have read and understand the terms and conditions above and wish to enter coaching sessions.

Customer Signature: _____ Date: _____