

Professional Coaching Agreement

Initial Interview & Informed Consent

Instructions: Please complete this form to the best of your ability with the information you have available to you at this time. Do your best to answer each item as fully as you can.

General Client Information

Name: _____ Gender: _____ Age: _____ DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Would you like to be added to my mailing list? **Yes/No**

Emergency Contact: _____ Relationship: _____ Phone: _____

Place of Birth: _____ Ethnic/Cultural Background: _____ Religion: _____

Native Language: _____ Marital Status: _____ Education: _____

Occupation: _____ Employer: _____

How did you hear about Connection Point Coaching? _____

Current Issues

Please provide a brief description of why you are seeking coaching services at this time: _____

- Has anything happened that may have brought on/intensified the problems you are experiencing? Yes No
If yes, please explain: _____
- When (month/year) did you first begin to experience these problems? _____
- How many days, weeks, months, or years have you been experiencing these problems? _____
- How much is/are the problem(s) affecting you? Mildly Moderately Severely
- In what areas do your problems impact your life? (Circle all that apply)
 - Lifestyle (the way you live your life)
 - Activities (things you normally do or would like to do)
 - Relationships (your ability to form or maintain relationships with others)
 - Work / Career / Eating / Sleeping / Mood
- Have you ever attempted suicide? Yes No (If yes, when? _____)
- Have you been thinking about suicide? Yes No
- Have you ever experienced or witnessed a traumatic event? Yes No
If yes, please explain _____

Directions: Place a check next to any problems that are impacting your life. Next to the checkbox, rate how much it is affecting you on a scale of 1 – 10 with 1 meaning its impact on your life is very little, and 10 meaning its impact is tremendous.

Group I	
<input type="checkbox"/> Depression	<input type="checkbox"/> Feeling of sadness or loss
<input type="checkbox"/> Low energy	<input type="checkbox"/> Low self esteem
<input type="checkbox"/> Lack of interest/enjoyment in life	<input type="checkbox"/> Feeling hopeless
<input type="checkbox"/> Feeling worthless	<input type="checkbox"/> Isolating from others/ social withdrawal
<input type="checkbox"/> Grief/bereavement	<input type="checkbox"/> Unpleasant thoughts that won't go away
<input type="checkbox"/> Loneliness	<input type="checkbox"/> Thoughts of self injurious behaviors
Group II	
<input type="checkbox"/> Sleep changes	<input type="checkbox"/> Bad dreams/nightmares
<input type="checkbox"/> Appetite changes	<input type="checkbox"/> Weight problems
<input type="checkbox"/> General health problems	<input type="checkbox"/> Heart racing
<input type="checkbox"/> Chest Pain or heaviness	<input type="checkbox"/> Chills/hot flashes
<input type="checkbox"/> Tingling/numbness	<input type="checkbox"/> Nausea
<input type="checkbox"/> Blackouts/ Problems with memory	<input type="checkbox"/> Chronic hormonal issues
Group III	
<input type="checkbox"/> Use of alcohol	<input type="checkbox"/> Physical abuse
<input type="checkbox"/> Use of drugs	<input type="checkbox"/> Partner abuse
<input type="checkbox"/> Sexual problems/ sex abuse	<input type="checkbox"/> Thoughts Racing
<input type="checkbox"/> Self criticism	<input type="checkbox"/> Aggressiveness
<input type="checkbox"/> Destruction of property	<input type="checkbox"/> Anger/frustration
<input type="checkbox"/> Disorganization	<input type="checkbox"/> Problems with memory
Group IV	
<input type="checkbox"/> Stress	<input type="checkbox"/> Anxiety/tension./worry/nervousness
<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Performing unusual rituals or habits
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Fear of dying
<input type="checkbox"/> Shyness	<input type="checkbox"/> Fear of 'going crazy'
<input type="checkbox"/> Fears or phobias	<input type="checkbox"/> Performance anxiety
<input type="checkbox"/> Strange/weird or peculiar behaviors	<input type="checkbox"/> Bothered by reoccurring thoughts
<input type="checkbox"/> Procrastination/ avoidance issues	
Group V	
<input type="checkbox"/> Mood swings	<input type="checkbox"/> Delusions/hallucinations
<input type="checkbox"/> Thoughts of hurting self/others	<input type="checkbox"/> Confusion/can't think clearly
<input type="checkbox"/> Obsession/Compulsions	<input type="checkbox"/> Feeling 'not real'
<input type="checkbox"/> Perfectionist behavior	<input type="checkbox"/> Feeling detached from self
<input type="checkbox"/> Lying/stealing	<input type="checkbox"/> Feeling hyper
<input type="checkbox"/> Losing track of time	<input type="checkbox"/> Suspiciousness or mistrustfulness
<input type="checkbox"/> Chronically feeling spacey/scattered	

Group VI

- | | |
|---|---|
| <input type="checkbox"/> Making /keeping friends | <input type="checkbox"/> Social skills |
| <input type="checkbox"/> Arguing with others | <input type="checkbox"/> Social Support (family/friends) |
| <input type="checkbox"/> Trouble with the law | <input type="checkbox"/> Impact of your problem on others |
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Marital relationship problems |
| <input type="checkbox"/> Problems trusting others | <input type="checkbox"/> Parent/child problems |
| <input type="checkbox"/> Job/Career indecision | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Co-dependency | |

Please list here anything ranked between 7 and 10:

In your opinion, what is the most important area to address from the items above and why?

Describe briefly how your life/business will be different when you achieve positive results with any of the items listed above.



Professional Coaching Agreement Treatment Contract

Welcome! This document contains important information about my professional services and business policies. It is rather long because it covers a wide range of possible situations, many of which will not apply to you. Still, it provides a framework for understanding the services you are considering. Please read it carefully and note any questions you might have. We can discuss them at our next meeting. If you decide you would like to use my services and sign this document, it will represent an agreement between us.

WHAT IS COACHING

The non-profit International Coach Federation (<http://www.coachfederation.org>), defines coaching as “as partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.” My approach to coaching draws from a field called “energy psychology” as represented by The Association for Comprehensive Energy Psychology and outlined in the book, *The Promise of Energy Psychology*, by David Feinstein, Donna Eden, and Gary Craig.

The roots of energy psychology trace back to Eastern healing practices that work with the acupuncture points, and the body’s energy meridian systems. The method usually involves having you tap with your fingers on specific areas of the skin while bringing to mind a personal response or pattern you would like to change. This is believed to shift the brain’s chemistry in ways that support that change. Other verbalizations and physical movements may also be used. I may also employ a procedure called “muscle testing” where I apply light pressure to your outstretched arm while you make a statement based on wording that I suggest. This is a way of assessing how certain thoughts you have may lead to disruptions in your body’s energies as well as being a way of assessing progress. Energy psychology is still considered an “experimental approach,” although early research has been promising. A professional paper that reviews this research and speculates on why the method seems to work can be downloaded free from www.EnergyPsychEd.com/mechanisms. I have received professional training in the use of these techniques and will be happy to discuss them with you.

I. RIGHTS

Professional Records

I keep brief records on each session, primarily noting the date of the session, the topics discussed, the interventions used, and progress or obstacles observed as they relate to your goals in working with me. You are welcome to request, in writing, that I make available to other health care providers a copy of your file. I maintain your records in a secure location. I will maintain your records for at least five years after our last contact, after which time I may securely dispose of them.

Confidentiality

All information shared in session is confidential except in circumstances governed by the laws including the mandatory reporting of alleged harm to self or others, and in case of child, handicapped person, or elder abuse. The following are legal exceptions to your legal right to confidentiality. I will inform you of any time when I think I will have to put one of these into effect.

1. If I have good reason to believe that a client will harm another person, I must attempt to inform the intended victim; I must also contact the police and ask them to protect the intended victim.
2. If I have good reason to believe that a client is abusing or neglecting a child or vulnerable adult, or if I have good reason to believe that a child in treatment has been abused, I must contact Child and/or Adult Protective Services within 48 hours.
3. If I believe you are in imminent danger of harming yourself, I may legally break confidentiality and call the police. I will explore all other options with you before I take this step.
4. I may have to release your records when ordered to do so by court subpoena. I will discuss this with you beforehand.

Contacting Me

I am available by phone by calling my regular number which is 813-629-4275. I am often with a client or otherwise not immediately available by telephone. When I am unavailable, you will reach my voice mail. I monitor it frequently and will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If it will be difficult to reach you, please inform me of some times when you will be available. I will return the phone call as soon as possible. If you have an emergency; dial 211 for crises intervention. If the emergency is life threatening, dial 911 or go directly to the nearest emergency room.

Risk and Benefits

You have the right to know the potential risks and benefits of the treatment you are receiving. Treatment has both benefits and risks. It requires an investment of your time and energy in order to make the process of treatment most successful. We will begin with a discussion of your needs and concerns and what it is you would like to accomplish by coming for treatment. Next, we will discuss a treatment plan in accordance with your goals and aims. Frequently, individuals go through periods in treatment which result in emotional discomfort, changes in their relationships, or temporary worsening of their symptoms. This should subside as the work progresses. Remember, you always retain the right to request changes in treatment or refuse/decline treatment at anytime. You have the right to ask me questions about anything that happens in treatment.

Right to a Referral

If I am not able to help you with my services, you have the right to a referral to another treatment provider who may be better able to meet your needs.

II. RESPONSIBILITIES

Professional Fees

The client or their guardian is considered responsible for payment of professional fees. You will be expected to pay for each session at the time it is held unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

Payment is accepted by check, cash or credit card. A 3% fee is added for credit card usage. There is a \$20.00 charge for checks drawn on insufficient funds. Payments are subject to a late charge of \$25, and a \$20 fee for returned items.

Cancellation Policy

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. If you are late, we will still end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session by the time of our next meeting unless we both agree that you were unable to attend due to circumstances beyond your control. In circumstances of unusual financial hardship, I may be willing to negotiate a payment installment plan.

You can cancel at anytime. However, I do request that you try and provide at least a two-week notice prior to cancellation of the coaching relationship. During the final two weeks the coach will guide the relationship to a point of closure that will serve me most effectively as I move forward.

My Background and Training

I hold a Bachelor degree in Education from Florida Atlantic University and spent five years teaching elementary school in the state of Florida. In addition, I hold a Master (MA) and Specialist Degrees (Ed.S.) from the University of Florida in Mental Health Counseling. I initially worked in corporate setting in the field of Organizational Change Management. In that setting I helped individuals and teams with issues relating but not limited to, communication, resistance to change, effective training, leadership, management and conflict resolution. In addition, I have been an adjunct professor at both St. Petersburg College and Hillsborough Community Colleges corporate training departments.

I am a Nationally Certified Counselor (NCC) and Certified Professional Coach (CPC). I am also trained in various techniques often referred to as energy psychology.

Informed Consent:

The information Traci Dobrev is providing to me is only as general information. As part of the information presented and work we are doing together, I understand that I will be introduced to modalities called Neuro-Emotional Technique (NET), Emotional Freedom Technique (EFT), Meridian Tapping Techniques (MTT) and other energy practices which are techniques referred to as a type of energy therapy. Due to the experimental nature of these approaches, I agree to assume and accept full responsibility for any and all risks associated with utilizing EFT, MTT and other energy practices; and using EFT and MTT as part of my participation in single or group sessions. The information presented including introducing EFT or any other technique, is not intended to represent that EFT and MTT or any other technique, is used to diagnose, treat, cure, or prevent any disease or psychological disorder. EFT and MTT or any other technique is not a substitute for medical or psychological treatment. Any stories or testimonials presented do not constitute a warranty, guarantee, or prediction regarding the outcome of an individual using EFT and MTT or any other technique demonstrated for any particular issue. I understand that Traci Dobrev accepts no responsibility or liability whatsoever for the use or misuse of the information or techniques presented, including, but not limited to, EFT and MTT demonstrations, training, suggestions, sessions, and related activities. I understand Traci Dobrev strongly advises that I seek professional advice as appropriate before making any health decision(s). If I am on any medications, I understand I am NOT to change any dosages and *should* consult my physician or the professional who prescribed my medications.

I have determined that Traci Dobrev's background and training is appropriate to serve my needs. I understand she is a both a Nationally Certified Counselor (NCC) and Certified Professional Coach. She has clearly explained to me what these designations mean.

By signing this treatment contract, the client and/or other responsible party agree that they have read it carefully, have understood its content, have been offered a copy, and agree to its terms.

Signatures:

X _____
Client/Parent/Guardian Date

PERSON FINANCIALLY RESPONSIBLE (if different from person completing form)

Name: _____ Relationship to client: _____
Home Phone: _____ Work Phone: _____
Address: _____ City: _____ Zip: _____
Employer: _____ Position: _____