

**Please fill out the following information and e-mail it back to
drdeanhawaii@mac.com**

Personal Information Fact Sheet

*All personal information is confidential.

Client Information

Date: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone:

Mobile Phone:

Which phone number is best? _____

Fax: _____

E-mail: _____

Employment Information

Occupation (what you do for a living): _____

Employers Name: _____

Personal Information

Date of Birth: _____

Significant other: _____

Names of Child(ren) _____

Ages: _____

How did you learn about us? _____

Referred by: _____

Medical Information

Significant medical information and conditions _____

Medications including psychotropics _____

Herbs / Supplements _____

Seeing a Psychotherapist / psychiatrist _____

Other pertinent medical information: _____

How does your schedule look for the next 3 months, vacations, trips etc.? _____

Anything else you wish me to know? _____

Fees & Coach Client Agreement

I understand that life coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues and implement my choices is exclusively my responsibility.

I understand that life coaching does not treat mental disorder as defined by the American Psychiatric Association. I understand that life coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in a place of any form of therapy. I have read the page on the differences between coaching and psychotherapy.

I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with this person regarding the advisability of working with a life coach and that this person is aware of my decision to proceed with the life coaching relationship.

I understand that feeling are normal and healthy part of being a human and that through the coaching relationship, awareness and curiosity will be brought to my feelings so that I can make more informed choices and move into my desired action. I understand that coaching does not deal with the psychological antecedent to emotions-that is the realm of therapy.

Although Doctor Nelson is a Doctor of Chiropractic and a licensed acupuncturist, I understand that coaching and his sessions with me are not for the purpose of treating physical medical problems. Your clinical Doctor of choice should address these concerns.

I have told Dr. Nelson of all medications I am using and am under the care of a medical practitioner for these medications.

Dr. Nelson will recommend a licensed psychologist if emotional or mental illness appears to be an issue.

Fees

My initial fee is _____ for the 12 sessions, which includes a one and a half hour discovery session and 11 half hour sessions (13 hours of coaching time). I like to have payment at first meeting. If coaching together isn't working, I will return unused portion of money based on a cost per hour (payment divided by hours contracted) minus the prorated time used. I will refund any monies by check. I accept Visa, checks and cash. Hawaii residences get the pleasure of the customary sales tax.

Single, weekly or monthly fees can be discussed.

Please sign that you read and understood this form.

Signature

Print name

Date