

[Your logo/letterhead goes here]

## Client Data & Coaching Terms of Agreement

Please complete this agreement, review the terms, sign & fax to [your fax number here], along with your completed credit authorization. Thank you!

### CLIENT DATA:

Client Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Day Phone \_\_\_\_\_

Evening \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Children (Names & Ages) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Partner's Name \_\_\_\_\_

Birthday \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

### COACHING TERMS:

Fees: \_\_\_\_\_ for \_\_\_\_\_ sessions per month [fill in your fees and specifics]

Duration of session: approx. \_\_\_\_\_ minutes per session

Session Day: Monday Tuesday Wednesday Thursday Friday

Session Time: am pm PT MT CT ET other \_\_\_\_\_

### Procedures:

Call [your phone number here] for our sessions.

If you call in and get my voice mail, please call back after one full minute.

Please do not leave a message and wait for me to call you back.

I understand that [your name goes here] is not a licensed therapist and that I am responsible for all my decisions, actions and feelings.

Client Signature/ Date \_\_\_\_\_