



Client Form

Name (First & Last): _____

How do you wish to be addressed? _____

Preferred Pronoun: _____

Phone: _____

Email: _____

Address: _____

Date of Birth: _____

Emergency Contact/Confidant: _____ Relation: _____

Contact Info: Phone: _____ Email: _____

Brief History (Please describe any physical and mental-emotional traumas you may have experienced. Include anything in your history that you feel will be helpful in working with me as your coach): _____

Notice of Privacy: No information about any client will be discussed or shared with any third party without written consent of the client, or parent/guardian if the client is under 18. *I have the legal responsibility to report disclosures involving self-harm or harm to others.*

*If the client is a minor, the information discussed with the parent/guardian will be agreed upon before release of information and upon discretion of practitioner for the well-being of the client.

Payment Policy: Payments will be discussed and agreed upon during the first consultation. You commit and agree to ensure that payments are made within 24 hours of the session (unless a package payment plan is in place).

Rescheduling Policy: Please give notice as early as possible before your next session if you need to reschedule.

Disclosure: I understand that Coaching offers processes, techniques and tools to enhance my life and desired outcomes in all areas of my being and life. I understand that my practitioner does not offer *cures* or diagnose conditions, nor prescribe/perform medical treatment, prescribe substances/medication, nor interfere with the treatment of a licensed medical professional. I understand that Life Coaching, NLP, MER, Mediation/Conflict coaching and any other services offered by my practitioner do not take the place of medical or psychological care, yet it can complement it. I acknowledge that with more tools to work with, the body-mind has greater capacity to heal.

I agree to the above terms and I give consent to receive services from *Living On Fire*.

Client's signature: _____ Date: _____

Responsible Party (*if client in a minor*):

Name: _____ Relation to Client: _____

Signature: _____ Date: _____