

### **Client Information Form**

Welcome to Lenson Life Coaching, LLC. Please take the time to complete this form as accurately as possible so that I can most appropriately address your needs.

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Today's Date: \_\_\_\_\_

Full Name: Dr. \_\_\_\_ Mr. \_\_\_\_ Mrs. \_\_\_\_ Ms. \_\_\_\_ (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_ Skype: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_

Name of Business: \_\_\_\_\_ How long at this employment: \_\_\_\_\_

Are you happy at your current employment? If no, please tell me briefly what you would like to be doing differently.

\_\_\_\_\_

Emergency contact: \_\_\_\_\_

Names and relationships of important people in your life: (spouse/partner, children, friends): \_\_\_\_\_

\_\_\_\_\_

Marital Status: \_\_\_\_\_ Domestic Partnership: \_\_\_\_\_ Significant Other's Name: \_\_\_\_\_

Living Situation: Alone \_\_\_\_ Spouse \_\_\_\_ Partner \_\_\_\_ Parents \_\_\_\_ Friends \_\_\_\_ Other (explain) \_\_\_\_\_

**Names and Ages of Children:**

Name:	Age:	Name:	Age:

Health status: \_\_\_\_\_

Do you have any history or current use of drugs and/or alcohol? If yes, describe:

\_\_\_\_\_

Are you currently, or in the past, seeing a coach/therapist/psychiatrist? If yes, briefly describe

reason: \_\_\_\_\_

Do you take any medications? If yes, what? \_\_\_\_\_

Please describe your goals in coaching and desired outcome: \_\_\_\_\_

Is there anything you feel is important for me to know about your situation? \_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_ May I thank them? \_\_\_\_\_

\_\_\_\_\_

***Please read the following agreement and sign below.***

**LENSON LIFE COACHING, LLC – CLIENT SERVICES AGREEMENT**

This document constitutes a contract between us. You should read it carefully and raise any questions or concerns before you sign it.

The services provided are coaching or tele-coaching as provided with you, as client. In our Life Coaching sessions, we will jointly agree upon issues you wish to work, and goals you wish to set up for yourself. While Life Coaching is generally beneficial, there are no guarantees of how you will experience Life Coaching. It is important that you openly discuss any dissatisfaction or concerns so that we can make the necessary adjustments in meeting your goals.

The focus of coaching is development and implementation of strategies to reach client-identified goals of enhanced performance and personal satisfaction. Coaching may address specific personal projects, life balance, job performance and satisfaction, or general conditions in the client's life, business, or profession. Coaching utilizes personal strategic planning, values of clarification, brainstorming, motivational counseling, and other counseling techniques.

Life coaching does not diagnose or treat mental and nervous disorders. Coaching is not reimbursable through health insurance policies, as psychotherapy often is.

**APPOINTMENTS, HOURS AND LOCATION**

Individual sessions are approximately 60 minutes, and can be scheduled by contacting me at +1(949)244-5100, or via email at Eileen@LensonLifeCoaching.com. Sessions can be conducted on the telephone, or at a mutually agreed to location. Travel over 30 minutes to a meeting location may result in travel fees.

### **CANCELLATION POLICY**

If you need to cancel or reschedule the session, please give 24-hour notice. We will reschedule to a mutually acceptable time. Emergencies will be dealt with as they arise. Forgetting or missing an appointment or call is not an emergency. Missed appointments or non-emergency cancellations with less than 24-hour notice will be billed at the normal rate.

### **EMERGENCY ACCESS and TELEPHONE CALLS**

Lengthy telephone calls will be subject to regular session consultations and may be prorated and billed at my standard hourly rate for professional service. If you are experiencing an emergency, please call 911 or go to a hospital emergency room.

### **CONFIDENTIALITY**

I will be maintaining a client record on your case, which is the property of Lenson Life Coaching, LLC. In specific situations, I am required to disclose information without your consent or authorization to authorities. This includes, but is not limited to, situations in which a client appears to be at risk to himself or others, if abuse or neglect is suspected, and if the court orders or subpoenas Lenson Life Coaching, LLC to disclose information. These situations are quite unusual in coaching situations, and if it does arise I will make every effort to discuss it with you prior to taking the protective action. Unless otherwise indicated by a court order, if the client is a minor, both parents have the right to access of the minor's records. If a client files a complaint or lawsuit against Lenson Life Coaching, LLC the records will be shared openly.

It is impossible to protect the confidentiality of information that is transmitted electronically. This is particularly true of e-mail and information stored on computers.

### **FINANCIAL TERMS**

Lenson Life Coaching, LLC reserves the right to collect any unpaid balance and may use a collection agency or take legal action to secure payment, as authorized by state or federal law, and the collections action will become a part of your credit record.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE CLIENT INFORMATION FORM AND CLIENT SERVICES AGREEMENT AND AGREE TO THEIR TERMS. IT ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE THE OPTION TO TERMINATE YOUR PERSONAL COACHING RELATIONSHIP AT ANY TIME.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_