

COACHING FIRST APPOINTMENT CLIENT PACKET

Welcome!

It is my goal to make your first session as comfortable and productive as possible. Therefore, I find it most beneficial, time efficient and cost effective to you, if you can frontload me with information. This will free up your first session for education, learning new techniques and formulating your custom goal plan. On completion please email me back all completed pages and bio.

The paperwork below will take approximately 30-40 minutes

- Confidential Client Information Sheet
- Informed Consent
- Limits of Confidentiality
- Life Inventory
- Life Satisfaction Scale
- Life Balance Bar Graph
- Energy Zappers
- Client Goals

In addition to this paperwork, please type a 1-2 page autobiography. Do not worry about punctuation or writing style. Some clients use bullet points, others write one paragraph per decade. Detail any important aspects, accomplishments and highlights that you feel are important for me to know. Please send with a recent picture if we are coaching by phone.

On completion please email me back all completed pages and bio.

My office is located inside OC Whole Family Wellness with a friendly office staff. Please help yourself to tea or water near the front door. The restrooms are located outside next to the elevator and the keys are at the front desk.

The practice also offers an IV Nutrition Lounge, pharmaceutical grade supplements and organic skin care products that are available to you and your family. Please feel free look around and ask questions of the highly trained team, and most importantly, make yourself comfortable.

Sincerely,
Wendy

Confidential Client Information-Coaching

Date: _____

Name: _____

DOB: _____

Address: _____

Drivers License: _____

City, State: _____

Zip Code: _____

Employer: _____

Occupation: _____

Phone: Home: _____

OK to leave message Yes No

Cell: _____

OK to leave message Yes No

E-mail: _____

OK to leave email Yes No

Marital Status: () Single () Married () Separated () Living together () Divorced

Spouse/Partner Name: _____

Phone: _____

Employer: _____

Occupation: _____

Children / Others living with you:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Emergency Contact: _____

Relationship: _____

Contacts's Phone _____

Cell: _____

Preferred coaching schedule: Day _____ Time _____

Referred by: _____ OK to send Thank You letter? Y or N

Informed Consent

Wendy Purcell is a California Board Licensed Marriage and Family Therapist since 2001, Certified Hypnotherapist and Life Coach. All communications and sessions are confidential with the exceptions listed by California law on the Limits of Confidentiality Contract following this page.

Coaching appointments are made in advance and this reserves my time for you. If you need to cancel a scheduled appointment please do so with **a minimum of 24 hours notice so I may schedule another client. All cancellations must be made via my voice mail or text at (949) 244-7246** I do not accept cancellations through e-mail. If you do not give 24-hour notice you may be charged for your session.

Initials

To schedule an appointment or contact me between sessions, please call or text me at (949) 244-7246. In most cases your call or text will be returned the same day Monday through Friday. If you are having a life-threatening emergency please call 911.

Phone sessions are available when pre-arranged or in some emergency situations. Phone sessions are charged at a rate of \$90.00 per half hour.

Treatment Agreements:

1. I agree to enter a coaching relationship with Wendy Purcell MA, LMFT, CHt
2. I agree to pay or \$180 per 60-minute session payable by cash, check, Visa, MasterCard, Discover or American Express.
3. I understand that my life coach, Wendy Purcell, is a sole-proprietor and works in her own private practice. Although she shares space with other health professionals at OC Whole Family Wellness, I understand that none of these professionals are legally connected to or responsible for the professional services she provides.
4. I have read and understand my rights, the office policies, the limits of confidentiality and these conditions of our work together. _____

Initials

Name of Client

Signature of Client

Date

Wendy Purcell M.A, LMFT, CHt

Date

Limits of Confidentiality Contract

Information discussed in the coaching session is held confidential and not shared without your written permission except under the following circumstances:

1. If the client threatens suicide*
2. If the client threatens to harm another person*
3. If I have reason to suspect that a minor is being abused: including but not limited to physical abuse, sexual abuse, emotional abuse, neglect, unjustifiable cruelty or unreasonable punishment*
4. If I have reason to suspect that an elderly person over 65 years of age or a dependent adult is being abused*
5. If I am ordered by the courts to break confidentiality to comply with legal requirements.
6. If I consult with other marriage & family therapists, social workers or psychologists in order to provide you with the best care and service. In this instance your name and identifying information will be kept confidential.
7. If I have a written release from you, authorizing me to speak with a party you designate such as an insurance company representative, doctor, healthcare provider, attorney, school or family member.

*I am a mandated reporter! State law mandates that mental health professionals are required to report the above situations to the appropriate agency designated to receive such a report.

All other communications between therapist and client will be deemed confidential under the laws of the State of California.

Having read and understood the above, I agree to these limits of confidentiality.

Name of client

Signature of client

Date

Wendy Purcell

Date

Life Inventory

Mind

Please list all the tools you use to cope with stress and maintain balance in your life (e.g. Church, yoga, exercise, positive self-talk, support groups, etc.)

Are you aware of any limiting beliefs that are holding you back? Limiting beliefs are one-sentence statements we believe on some level as true e.g. "I'm not worthy" or "I'm stupid"

Please list your greatest fears.

Body

Please describe your childhood medical history: illnesses, surgeries, medications, learning disabilities or any thing you know about your birth.

Please describe your adult medical history: illnesses, diseases or syndromes surgeries, broken bones, recurring physical complaints, (e.g. migraines, asthma, back pain, allergies, etc.)

Please list all medications that you are currently taking

Please list the ways you stimulate yourself or create excitement in your life (e.g. shopping, reading, sex, sugar, caffeine, partying, etc.)

Please list any addictions you have now or have struggled with in the past (e.g. alcohol, drugs, work, gambling, shopping, sex, exercise)

Spirit

Briefly describe your religious or spiritual upbringing.

Please describe your current religious/spiritual beliefs *or* describe how you connect with the that which is *more than* you. Your definition of God, Spirit, Universe etc...

Are there any events in your life you feel separated you from your beliefs?

Relationships

What was each parent like when you were a child?

What was your parent's relationship with each other when you lived with them?

What was your relationship with each parent growing up?

What is your relationship now?

Please describe any other significant relationships with other family members or friends from childhood:

Please list events in your life that you coded as traumatic.

Goals

Please list of your most significant accomplishments in your life:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list strengths or tools that help you reach your goals:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list ways you sabotage yourself and your goals:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list goals you have for yourself for which you are seeking coaching at this time:

- 1.
- 2.
- 3.
- 4.
- 5.

Life Satisfaction Scale

1. If you were to give a SCORE out of 10 for how SATISFIED you are with your life overall?

___ / 10

2. If you were to give a SCORE out of 10 for how much FUN you are having in life?

___ / 10

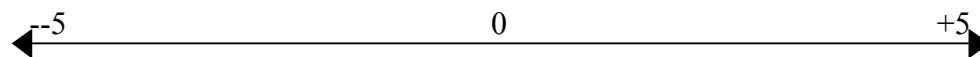
3. If you were to give a SCORE out of 10 for how HAPPY you are in your current CAREER?

___ / 10

4. If you were to give a SCORE out of 10 for how overwhelmed, BUSY or cluttered you currently feel?

___ / 10

5. I like myself:



(please put an X on the line to correspond with how much you like yourself on a scale of -5 to +5)

6. What is your FAVORITE thing in your life at the moment? (like best)

7. What could be IMPROVED in your life at the moment? (like least)

8. I am looking: *(please tick all that apply)*

- For More Meaning/Purpose in Life
- For More Fulfillment/Happiness in Life
- For More Ease/Simplicity or Balance in Life
- For More Freedom and/or Inner Peace in Life
- To Change or Move Forwards in my Career
- To Achieve my Goals Faster/More Easily
- To Learn to Trust Myself More/Be My Authentic Self
- Other *(If there was something you haven't mentioned yet, what would it be?)*

9. I am ready to take ACTION and make changes in my environment, habits and life

Maybe / Yes / No *(please circle)*

Energy Zappers

Instructions: We all tend to get dragged down and overwhelmed by things, situations and even people that we may have come to ignore or block out, rather than address the situation. You may not want to do anything about them right now, but just by writing them down you will bring them into awareness and naturally start handling, fixing and resolving them.

Examples: Incomplete tasks, clutter, unmet needs, overdue bills, guilt, bad habits, unresolved relational issues, poor self-care, toxic people etc....

Use the following lists to identify exactly what you are tolerating in your life that drains your energy, clutters your mind and is holding you back. Be sure to keep this list handy so you can add to it as you go about your life.

Energy Zappers At Work	Energy Zappers At Home
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.
21.	21.
22.	22.
23.	23.
24.	24.
25.	25.

Client Goals

What goals, aspirations, desires, intentions do you want to accomplish in the first six months?

Career/Work:

Personal:

What do you want to accomplish, change or create in the first 30 days of coaching?

Career/Work:

Personal:

How do you want to be coached? What tips can you give me and what is your learning style.

Other things you would like me to know about you: