



New Client Profile

Name: _____ Phone (H, W or Cell – circle one): _____

Address: _____ City _____ State _____ Zip _____

Age: _____ Email Address: _____ Referred By _____

Work Information:

Occupation: _____ Your Responsibilities: _____

Additional Information:

How would you describe yourself? _____

Have you ever had counseling? _____ How did it help? _____

Physical Illnesses or injury? (Describe) _____

Are you presently taking any medications? (Describe) _____

How would you like your life to be *different* in each of the following areas?

Work: _____

Intimate Relationships: _____

Family/Friends: _____

Health: _____

Spiritual: _____

First Session Guarantee

If for any reason, you are dissatisfied with your initial session, let me know and there will be no charge.

Informed Consent Agreement

I understand that life coaching sessions or workshops are for individual educational purposes and are not psychotherapy or a substitute for psychotherapy. Coaching differs from psychotherapy in that therapy typically focuses on illness or the effects of trauma, while coaching focuses on the enhancement of achievement and fulfillment in a person. I also understand that this work will likely bring about deep emotional and mental change. In consideration for participation in coaching sessions, I assume full responsibility for myself (and/or for my children) during any work – and for all the results of this work – and hereby release David Wallace and any other involved parties from any and all liability and from any failure due to negligence. I agree that I have read the entire statement. I also agree to provide 24 hours' notice if canceling or rescheduling a session.

Signed: _____ Date: _____