



Client Profile & Intake Form

Name _____

Address _____

Preferred Phone _____

Email _____

Have you ever worked with a health coach? _____

What are the top three (3) concerns you would like to work on?

What do you hope to achieve in working with me?

Have you had any major injuries, surgeries, or health conditions that will affect your long-term health and wellness? If yes, please explain:

What would you like me to know about you?

HEALTH & WELLNESS QUESTIONS

The services of a Health Coach do not include diagnosis or treatment of specific illness or disorders. These questions are intended for the sole purpose of providing the Health Coach with a brief medical history.

Are you currently seeing a medical doctor?

Yes

No

Please specify type of physician(s):

Are you currently in counseling of any kind?

Yes

No

Please specify:

On a scale of 1 to 5, with 5 being extremely satisfied, how would you rate your level of satisfaction with: NUTRITION?

1

2

3

4

5

1 = Not Satisfied, 5 = Extremely Satisfied

On a scale of 1 to 5, with 5 being extremely satisfied, how would you rate your level of satisfaction with: EXERCISE/MOVEMENT?

1

2

3

4

5

1 = Not Satisfied, 5 = Extremely Satisfied

On a scale of 1 to 5, with 5 being extremely satisfied, how would you rate your level of satisfaction with: SLEEP?

1

2

3

4

5

1 = Not Satisfied, 5 = Extremely Satisfied

On a scale of 1 to 5, with 5 being extremely satisfied, how would you rate your level of satisfaction with: STRESS?

1

2

3

4

5

1 = Not Satisfied, 5 = Extremely Satisfied

Has your doctor been concerned about any of the following?

Weight

Blood Pressure

Blood Sugar levels

Family history

Cholesterol

Smoking/tobacco use

Hormone levels

Other: please specify

Is there anything else you feel I should be aware of?

Please acknowledge the statement below:

I understand that I will be working with a Health Coach and will not be treated for any medical or psychiatric conditions.

Submitted by:

Date _____



Coaching Agreement

Marlene Erven Health Coaching is a professional Coaching practice. This document and attachments constitute a contract between us (the “Agreement”). You should read it carefully and raise any questions and concerns that you have before you sign it.

SERVICES

The services provided by Marlene Erven Health Coaching include Coaching on topics decided jointly with you, the client.

Coaching is a partnership (defined as an alliance, not a legal business partnership) between the Coach and the Client in a thought-provoking and creative process that inspires the client to maximize personal potential. It is designed to facilitate the creation/development of personal health and wellness goals and to develop and carry out a strategy/plan for achieving those goals. Coaching utilizes strategic planning, values clarification, brainstorming, motivational interviewing, and other coaching techniques.

PAYMENT

The cost for services is free through April 30, 2020

FEEDBACK

If, at any time, you feel that your needs are not being met, or you are not getting what you want out of the coaching, please tell me, so we can discuss your needs and adjust your coaching program as needed. We will continue to work on the goals that you define unless you want to stop, which we will do whenever you ask.

SESSION TIME

Coaching is scheduled at the mutual convenience of the Coach and the Client. The day and time for the next call will be scheduled at the close of each coaching session.

RECORDING OF SESSIONS

Our sessions will be conducted through ZOOM. I will record the sessions for the purpose of my being able to listen to and evaluate my coaching. Select recordings will be shared with faculty in the ADAPT Health Coach Training Program for the sole purpose of my ongoing growth and learning. The recordings will not be viewed by or shared with any other persons.

CANCELLATIONS

I ask that you give 24 hours prior notice if you need to cancel or change the time of an appointment. The Coach will make reasonable efforts to reschedule sessions that are cancelled in a timely manner.

TERMINATION

Either party may end the coaching relationship by providing the other party with a one-week written notice, which may be transmitted by email.

CONFIDENTIALITY

I protect the confidentiality of the communications with my clients, as described by the International Coach Federation code of ethics. I will release information about our work to others only with your written permission, or if I am required to do so by a court order or similar state mandate.

It is impossible to fully protect the confidentiality of information which is transmitted electronically. This is particularly true of email and information stored on computers connected to the Internet and if you use a cordless or cell phone.

NATURE OF THE RELATIONSHIP

Client is solely responsible for creating and implementing his/her own physical, mental and emotional well-being, decisions, choices, actions, and results arising out of or resulting from the coaching relationship and his/her coaching calls and interactions with the Coach. As such, the Client agrees that the Coach is not and will not be liable or responsible for any actions or inaction or for any direct or indirect result of any services provided by the Coach. The Client has been made aware that the coaching relationship is in no way to be construed as psychotherapy, psychological counseling, or any type of therapy. In the event the Client feels the need for professional counseling or therapy, it is the responsibility of the Client to seek a licensed professional. The Client also understands coaching does not prevent, cure, or treat any mental disorder or medical disease.

MUTUAL NONDISCLOSURE

The Coach and Client mutually recognize that they may discuss future plans, business affairs, customer lists, financial information, job information, goals, personal information, and other private information. The Coach will not voluntarily communicate the Client's information to a third party. In order to honor and protect the Coach's intellectual property, the Client likewise agrees not to disclose or communicate information about the Coach's practice, materials, or methods to any third parties.

DISPUTE RESOLUTION

Any controversy or claim arising out of or relating to this agreement, or the breach of this agreement, shall be settled by arbitration, which will occur via telephone by an arbitrator that we mutually agree upon. The costs of the arbitration shall be borne by the losing party.

Your signature below indicates that you have read the information in this document (“Coaching Agreement”) and any Attachments, and agree to abide by its terms during our professional Coaching relationship.

Client _____ Date _____

Print Name _____

Coach _____ Date _____

Marlene S. Erven

Marlene Erven Health Coaching
3066 Washington St | Miami, FL 33133
305-216-0626 | Marlene@marleneerven.com

Cell Phone

Other Phone (Specify)

Client Signature

Date

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3066 Washington St | Miami, FL 33133
305-216-0626 | Marlene@marleneerven.com