

# Life Coaching Success – Entrance Form

PLEASE PRINT NEATLY!

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

Last Name: \_\_\_\_\_ First Name (what you prefer): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_

Names with Ages of People Living With You: \_\_\_\_\_

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How did you hear about Life Coaching Success? / Who referred you? \_\_\_\_\_

What is your main reason for exploring this services? / What is your primary objective? \_\_\_\_\_

Circle and explain if you are currently taking any of the following:  
Prescription drugs      Non-prescription drugs      Herbs      Homeopathic Remedies      Supplements

Are you following a special diet? If yes, explain \_\_\_\_\_ Do you smoke? If yes, how much per day \_\_\_\_\_

Do you drink alcohol? If yes, how much \_\_\_\_\_ Do you drink coffee or tea? If yes, how much \_\_\_\_\_

Hours of sleep per night: \_\_\_\_\_ Circle your quality of sleep: (Excellent / Good / Average / Sporadic / Poor)

List any history of significant falls, accidents, or injuries (give dates): \_\_\_\_\_

List any history of hospitalizations or surgeries (give dates): \_\_\_\_\_

List any history of significant emotional trauma (give dates): \_\_\_\_\_

Underline all the practices you have done in the past      ALSO      *Circle* all the practices you are currently doing:  
Coaching      Counseling      Exercise      Massage      Meditation      Physical Therapy      Yoga

List additional resources you use for personal and professional growth: \_\_\_\_\_

On a scale of 0-100, how would you grade your overall: Physical State? \_\_\_\_\_ Mental State? \_\_\_\_\_ Emotional State? \_\_\_\_\_

On a scale of 0-100, grade your overall satisfaction in the following areas: Primary Relationship(s) \_\_\_\_\_ Partnership(s) \_\_\_\_\_  
Financial Independence      Life Purpose      Life Contentment      Personal Growth      Professional Growth

Please include any additional information that will be helpful for understanding you better: \_\_\_\_\_

**STATEMENT OF OBJECTIVE/AGREEMENT:**

The purpose of this side of the form is to clearly state the objective of Life Coaching Success. Initial each statement in the space provided to the left to indicate your understanding of 1) the services of Life Coaching Success and 2) the obligations you have to yourself:

- \_\_\_\_\_ I, the undersigned, understand that Life Coaching Success focuses exclusively on a unique form of wellness education (Dynamic Cognitive Programming) to help me develop strategies for taking better care of myself.
- \_\_\_\_\_ I understand that Life Coaching Success is NOT an alternative to professional therapy or counseling.
- \_\_\_\_\_ I understand that all services are informational and not intended to cure any person or situation.
- \_\_\_\_\_ I understand that Dr. Michael A. Scimeca is a licensed chiropractor who chooses to practice Life Coaching.
- \_\_\_\_\_ I understand that Dr. Michael does NOT name or treat symptoms or conditions of any kind.
- \_\_\_\_\_ I understand the objective of Life Coaching Success and Dynamic Cognitive Programming is to help me achieve a greater level of well-being independent of any mental/physical symptom(s) and condition(s) I may be experiencing.
- \_\_\_\_\_ I understand that Dr. Michael does NOT discourage me from seeking a diagnosis and treatment for any symptom(s), condition(s), or ailment(s) I may be experiencing.
- \_\_\_\_\_ I fully understand that Life Coaching Success and Dynamic Cognitive Programming are NOT treatments of any kind.
- \_\_\_\_\_ I understand that I am fully responsible in how I choose to use the information I attain from Life Coaching Success.
- \_\_\_\_\_ I understand that I am fully responsible for receiving proper diagnosis and treatment expeditiously for any known or unknown condition(s) I may be expressing.
- \_\_\_\_\_ I shall not confuse the services I receive from Life Coaching Success with fulfilling any responsibilities I have toward receiving conventional care expeditiously for any known or unknown condition(s) I may have.
- \_\_\_\_\_ I understand that any health concern(s) I may have should be brought to the attention of a licensed healthcare professional properly trained in and actively practicing the science and art of diagnosis and treatment.
- \_\_\_\_\_ I fully understand that Dr. Michael practices the art of living well, NOT the art of diagnosis and treatment.
- \_\_\_\_\_ I understand that Life Coaching Success is an educational service intended to promote new ways of thinking.
- \_\_\_\_\_ I understand that the services provided during Life Coaching Success is limited to offering education in support of wellness.
- \_\_\_\_\_ I understand that any suggestions or recommendations I may receive in this office is neither prescriptive advice nor a replacement for professional counseling or therapy.
- \_\_\_\_\_ I understand that I should address any mental health concern(s) I may have with a licensed mental health professional.
- \_\_\_\_\_ I understand that if I have a mental illness or chronic psychological problem (including but not limited to chronic depression and uncontrollable anxiety) that it is recommended I seek professional help from a properly licensed medical professional.
- \_\_\_\_\_ I understand that all actions I take, including the choice to explore Life Coaching Success, are purely of my own volition.
- \_\_\_\_\_ I understand that I have the sole responsibility to present question(s) or concern(s) I may have regarding policies, procedures, and Life-Coaching-Success objectives.
- \_\_\_\_\_ I understand that an outcome-assessment survey may be used to monitor my subjective quality-of-life improvements.
- \_\_\_\_\_ I understand that my sole remedy for dissatisfaction is to stop using the service of Life Coaching Success.
- \_\_\_\_\_ I understand that Dr. Michael cannot be held responsible/liable in any way for decisions I make as a result of Life Coaching.
- \_\_\_\_\_ My use of information obtained through Life Coaching Success certifies that I have read this entire Statement of Objective/Agreement and hereby for myself, my heirs executors and assigns, waive, release and hold harmless Dr. Michael A. Scimeca from any and all claims, demands, liabilities, rights, or causes of action arising out of or in connection with participation in coaching activities.
- \_\_\_\_\_ I agree to defend, indemnify, and hold Dr. Michael A. Scimeca harmless from and against any claims, actions or demands, liabilities and settlements including without limitation, reasonable legal and accounting fees, resulting from, or alleged to result from, my violation of the terms and conditions of this Agreement.
- \_\_\_\_\_ I am signing this Statement of Objective/Agreement voluntarily and not under duress of any kind.
- \_\_\_\_\_ I, the undersigned, choose to explore Life Coaching Success and Dynamic Cognitive Programming for educational purposes to learn of a unique approach for enhancing my participation in life.
- \_\_\_\_\_ I understand that, unless prior arrangements have been made, payment is due in full at the time services are rendered.
- \_\_\_\_\_ My signature below indicates my understanding and acceptance of all the above.

**For the parent or guardian of a minor child:**

- \_\_\_\_\_ I, the undersigned, state that I am the legal parent or guardian of the minor child listed on this form.
- \_\_\_\_\_ I fully understand the objectives of Life Coaching Success and how they apply to my minor child.
- \_\_\_\_\_ I give consent for my minor child listed on this form to receive education from Life Coaching Success.

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