

# Life Coaching – 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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Who referred you to Life Coaching via Living Well Education? \_\_\_\_\_

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 previously tried      ALSO      *Circle* all the practices you are currently doing:  
Coaching      Counseling      Exercise      Massage      Meditation      Physical Therapy      Yoga

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

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      Social Interaction      Self-esteem      Personal Growth      Professional Development

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 through Living Well Education. Initial each statement in the space provided to indicate your understanding of our services and the obligations you have to yourself:

- \_\_\_\_\_ I, the undersigned, understand that Living Well Education focuses exclusively on wellness education to help me develop positive strategies for taking better care of myself and performing better.
- \_\_\_\_\_ I understand that Living Well Education is NOT an alternative to professional therapy or counseling.
- \_\_\_\_\_ I understand that Dr. Michael A. Scimeca practices Life Coaching as a non-therapeutic, proactive resource.
- \_\_\_\_\_ I understand that Dr. Michael does NOT name or treat symptoms or conditions of any kind.
- \_\_\_\_\_ I understand the objective of Living Well Education is to help me achieve a greater level of well-being independent of any mental/physical symptom(s) and/or 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 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 Living Well Education 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 does NOT practice the art of diagnosis and treatment.
- \_\_\_\_\_ I understand that Living Well Education provides an educational service intended to provide additional resources.
- \_\_\_\_\_ I understand that I am fully responsible in how I choose to use the information I attain from Living Well Education.
- \_\_\_\_\_ 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 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 Living Well Education, are purely of my own volition.
- \_\_\_\_\_ I understand that an outcome-assessment survey may be used to monitor my subjective quality-of-life improvements.
- \_\_\_\_\_ 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 Living Well Education 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 Life Coaching.
- \_\_\_\_\_ 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 Living Well Education for educational purposes to learn a unique approach for enhancing my participation in life and my relationships.
- \_\_\_\_\_ I understand that, unless prior arrangements have been made, payment is due in full at the time services are provided.
- \_\_\_\_\_ 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 Living Well Education and how they apply to my minor child.
- \_\_\_\_\_ I give consent for my minor child listed on this form to receive education from Living Well Education.

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