

COACHING PARTNERSHIP AGREEMENT

Welcome to Intentional Hearts! We look forward to working in partnership with you. Intentional Hearts recognizes the advancing partnership of technology and professional coaching by providing tele-coaching, as well as Internet and video stream coaching services to clients worldwide. Calls can be scheduled during flexible hours, with clients participating in the privacy and comfort of their own home, office, or other conveniently chosen location. All calls conform to the laws and professional/ethical standards set forth by the International Coach Federation (ICF), as well as the policies and procedures of Intentional Hearts, Inc.

Please note that all forms should be completed, signed, and returned via email, fax, or US Mail prior to our first call together. Also include a copy of your driver's license for verification purposes. For phone clients, please include a recent photo, as it really helps me to better connect with you!

For greater online privacy via email, you may wish to password protect attachments and communicate that password via telephone. Please retain copies of all forms for your records.

Name: _____ **Referred By:** _____

I agree to the following:

- 1. Coaching Defined.** Coaching is a relationship I have with my coach that is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals. Coaching is *not* psychotherapy and does not treat mental disorders as defined by the American Psychiatric Association. It is not a substitute for counseling, psychotherapy or substance abuse treatment. If MT feels I need counseling services, he will either recommend suspending coaching services or my engaging counseling services concurrent with my coaching through Intentional Hearts. I understand that I can access referrals through resources such as the American Association of Christian Counselors (www.AACC.net), Focus on the Family (www.focusonthefamily.com) and, in the event of an emergency, calling 911. If I am currently in therapy or otherwise under the care of a mental health professional, I have consulted with this person regarding the advisability of working with a coach and that this person is aware of my decision to additionally engage in this coaching relationship.
- 2. Right to Autonomy.** I am fully responsible for my well being during my coaching calls, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time. I understand that coaching is not to be used in lieu of professional advice and agree to seek professional guidance for legal, medical, financial, business, spiritual or other matters. All decisions in these areas are exclusively mine and my decisions and actions regarding them are my responsibility.
- 3. Confidentiality.** All information shared during our calls together is strictly confidential unless I consent in writing to share it with a particular individual for a particular purpose. As a mandated reporter in the state of Georgia, MT will not be able to keep confidentiality if I: (1) pose a serious physical danger to yourself or another person, (2) disclose that I have physically or sexually abused or molested a child (who is still not yet age 18), an elderly person, an incompetent person, or a disabled person, (3) disclose that a child (who is still not yet age 18), an elderly person, an incompetent person, or a disabled person is suffering from neglect, (4) am in a criminal proceeding where my coaching records are subpoenaed by a court of law, or (5) bring about a legal or disciplinary proceeding regarding the quality of care I receive through Intentional Hearts.
- 4. Pre-Payment for Services via PayPal.** All calls are expected to be pre-paid via the PayPal link on the Intentional Hearts website. Intentional Hearts does not collect or retain credit card numbers for billing purposes. Billing statements will list my transactions as either "Intentional Hearts" or "IH INC", and will not identify the specific programs or services purchased other than for "professional services". I agree to keep my financial account information updated within PayPal throughout the course of receiving services. I understand that pre-paid services are non-refundable, and that professional coaching services are not reimbursed under insurance.
- 5. Calling on Time.** Please arrive on time for scheduled calls via phone or web-conferencing tool. If by phone, I will call from a number in my coaching profile so MT will know I am calling and can, therefore, properly prioritize my call. If I am meeting by web-conferencing tool, I will initiate the call at the scheduled time. Either way, I will arrive prepared to share updates, progress and current challenges, with ideas for what I want to work on during a particular coaching call. If I am late in calling past the scheduled time, I understand the session will still end on time so that MT may prepare for his next coaching call. If MT is late for the call, I understand he will extend the call to ensure a full 40-minute session or make other arrangements more agreeable to me.
- 6. Limitations to Technology Privacy.** I consent to the use of the telephone or web-based teleconferencing tools to access coaching services and understand there are inherent limitations of confidentiality with the use of such tools. I understand



Intentional Hearts makes no audio or video recordings of conversations. In addition, I agree not to audio or video record any of our sessions together.

7. **Changes/Cancellations Require 48-hour Notice.** Late notice about changes or cancellations to scheduled calls prevents MT from using the time for another client who could have used the time effectively. Therefore, I understand that all appointment changes and cancellations require at least a **48-hour notice** other than for emergencies (sickness or death in the family, etc.), and that late cancellations and missed calls cannot be made up or refunded.
8. **Touching Base Between Calls.** I agree to limit between-call communications as much as possible. While email and voicemail may be used in between sessions for briefly touching base or rescheduling purposes, I understand that MT reserves the right to charge for lengthy emails or calls greater than five minutes in length. If needed, I can schedule an added full-length call at regular cost. I understand that emergencies should be directed to the 911 operators or my nearest local emergency room.
9. **Professional Consultation for Peer Review.** I understand on occasion, MT may anonymously consult with another professional about me to promote my best care. In such cases, **all identifying information will be withheld** to protect confidentiality.
10. **Ongoing Professional Certification.** I grant MT permission to keep a confidential record of my name, phone number or email address in order to meet the requirements for coach credentialing by the International Coach Federation (www.coachfederation.org). This information will be utilized strictly for the purpose of meeting these requirements and, following the credentialing process where two assessors will validate the list and subsequently destroy the two copies, only the master list will be maintained within secure files of the ICF. I agree to allow MT to document his coaching hours with me for submission to the ICF for advanced level certification.
11. **Feedback.** Periodically, I may receive a survey requesting feedback about the quality of services I am receiving and how well the services are meeting my goals and expectations. I agree to provide honest feedback to assist MT in providing top-quality care. If I feel something is said or done in session that does not feel right or is upsetting to me, I agree to discuss my concerns with MT.

Sponsor Agreement Terms (only if applicable): As the client's sponsor, I agree to be responsible for payment of his or her coaching sessions in accordance with the Financial Agreement. I understand that the content of all coaching sessions is confidential and that the coach may only communicate with me whether the client is fully engaged in the coaching process, (i.e., keeping scheduled appointments, completing "fieldwork" assignments, and establishing and achieving goals).

I have read and agree to the terms above, including my agreement to pre-pay for all professional services on a monthly basis via PayPal unless otherwise arranged.

Client Signature

Date

Sponsor Signature and Organization Name (only if applicable)

Date

Coach Signature

Date

(Internal Use Only)

Method for Coaching: ☐ Telephone
☐ Video Call – WebEx
☐ Video Call - Other: _____



INITIAL PREPARATION FORM

Date: _____

Client's Full Name: _____
(Last) (First) (Middle Initial)

Occupation: _____ **Business Name:** _____

Home Address: _____

(City) (State) (Zip)

Business Address: _____

(City) (State) (Zip)

Email Address: _____ **May we email you?** ☐ Yes ☐ No

Phone: Cell () _____ **May we leave a message?** ☐ Yes ☐ No

Home () _____ **May we leave a message?** ☐ Yes ☐ No

Work () _____ **May we leave a message?** ☐ Yes ☐ No

Other () _____ **May we leave a message?** ☐ Yes ☐ No

Preferred method of communication: _____

Age: ____ **Date of Birth:** ____ / ____ / ____ **Gender:** ☐ Male ☐ Female ☐ Other _____

Marital Status: ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other

If married, spouse's name and age: _____

If children, names and ages: _____

Names of important people in your life (friends, business partners, etc.): _____

How did you hear about Intentional Hearts? _____



If you were referred by a professional, may we contact them to express our appreciation? ☐ Yes ☐ No

If yes, please provide name, telephone number and other contact information (if known): _____

Emergency Contact: _____ Phone: (_____) _____

What most influenced your decision to work with a coach? _____

Have you ever received coaching or counseling services? If so, describe the experience: _____

What are your significant commitments at this time? _____

What parts of life are working best right now? _____

What parts of life are working least well? _____

What do you value most? _____

What would your ideal life look like? _____

What are your dreams? _____

Which of these dreams have you given up on? _____



What stops you from having the life you most want to have? _____

Where do you want to focus first in our time together? _____

Remember: YOU are the Key to Your Success. It is essential for you to put your coaching into practice to experience success. It is imperative that you apply yourself if coaching is to be successful. Our work will sometimes be very purposeful, goal-directed and dependent on you doing some 'homework'. Other times it will be very broad in scope, requiring time in prayer, reflection or meditation, working through your life plans, your vision, etc. Either way, your real growth will come from the work you do in the time between our calls. I do not have the answers you are looking for, but I will walk faithfully with you as you seek them from the One who does. Check yourself now on the true measure of your commitment to that kind of pursuit. Bottom line: You hired a coach to do things differently that you ever have before. If you choose to not use the coaching and keep doing what you've always done, you will get the results you've always gotten.

One Final Encouragement. If I ever say or do something that upsets you or doesn't feel right, please tell me. I want you to be completely satisfied with our relationship and promise to do whatever I can to make it right.

Thank you,
Michael Todd Wilson, LPC, BCC

My business is predominantly based upon referrals. If you find my services beneficial,
I would greatly appreciate your recommendations to others.

PERSONAL HEALTH AND SOCIAL INFORMATION

1. Overall, how is your physical health at present? (please circle)

Poor Unsatisfactory Satisfactory Good Very Good

2. Please list any current and/or persistent physical symptoms or health concerns: _____

3. List all significant health problems and initial dates of diagnoses: _____

4. List all current medications and dosages (including over-the-counter and naturopathic):

Medication Name Dosage Prescribed Dosage Generally Taken (if different)

5. Client's Primary Physician: _____ **Date Last Seen:** _____

6. Are you currently or have you previously received psychiatric (medical), psychological (counseling) or coaching assistance?

☐ Yes ☐ No If yes, please explain when and with whom for all current and previous assistance: _____

7. Are you having any problems with your sleep habits? ☐ No ☐ Yes (please check all applicable)

☐ Sleeping too little (avg. amount): _____ ☐ Poor quality sleep

☐ Sleeping too much (avg. amount): _____ ☐ Disturbing dreams

☐ Early morning waking (avg. wake time): _____ ☐ Difficulty getting to sleep

☐ Other _____

8. How many times per week do you exercise? _____ **Approx. how long each time?** _____

9. Are you having any difficulty with appetite or eating habits? ☐ Yes ☐ No

If yes, check all applicable: ☐ Eating less ☐ Eating more ☐ Binging ☐ Restricting

Have you experienced significant weight change in the last 2 months? ☐ Loss ☐ Gain ☐ Neither

10. Describe your typical alcohol consumption: ☐ I do not drink

Weekdays (daily average): _____

Weekends (daily average): _____

11. Do you regularly smoke tobacco? ☐ Yes ☐ No

If yes, daily average usage: _____

12. How often do you engage in recreational drug use? ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely ☐ Never

Which drugs (street and/or prescription)? _____

13. Have you had suicidal thoughts recently? ☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never

Have you had them in the more distant past? ☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never

14. Are you currently in a non-marital romantic relationship ☐ Yes ☐ No

If yes, how long have you been in this relationship? _____

On a scale of 1-10, how would you rate the quality of this relationship? _____

15. In the past year, have you experienced any significant life changes or stressors? ☐ Yes ☐ No

If yes, please explain: _____

Which of the following problems have impacted you:

	Never	Past month only	Past six months only	More than six months
Alcohol/substance abuse				
Anger outbursts				
Anxiety				
Appetite changes				
Body complaints				
Body image				
Concentration				
Decision making				
Depressed mood				
Digestive/bowel troubles				
Disturbing thoughts				
Eating disorder				
Fears				
Financial				
Friendships				
Hallucinations				
Headaches				
Homicidal thoughts				
Legal problems				
Loneliness				
Low energy				
Marital (non-sexual)				
Marital (sexual)				
Marital divorce				
Marital separation				

	Never	Past month only	Past six months only	More than six months
Nightmares				
Pain (explained)				
Pain (unexplained)				
Panic attacks				
Parenting issues				
Phobias				
Rapid speech				
Repetitive behaviors (e.g. frequent checking)				
Repetitive thoughts (e.g. obsessions)				
Sexual compulsivity				
Sleep disturbances				
Suicidal thoughts				
Suicide attempt				
Tiredness/lethargy				
Losses of time				
Memory lapses				
Weight change (unwanted)				
Mood swings (significant)				
Work/employment				

RELIGIOUS/SPIRITUAL INFORMATION

Do you consider yourself religious? ☐ Yes ☐ No

If yes, what is your faith and church affiliation? _____

If no, do you consider yourself "spiritual"? ☐ Yes ☐ No

If yes, what does spiritual mean to you? _____

FAMILY MENTAL HEALTH HISTORY

Has anyone in your family (either immediate family members or close relatives) experienced difficulties with the following? (circle all that apply and note all family member(s) to whom it applies)

	Mother	Father	Sibling	Grandparent		Aunt	Uncle	Other
				Maternal	Paternal			
Depression								
Bipolar disorder								
Anxiety disorders								
Panic attacks								
Schizophrenia								
Alcohol/substance abuse								
Eating Disorders								
Learning disabilities								
Trauma history (physical)								
Trauma history (sexual)								
Suicide attempts								

Note: Please remember to include a copy of your driver's license for verification purposes and, if coaching will be by phone, a recent photo of yourself to help me connect more effectively with you.

DE-CLUTTERING EXERCISE

We often put up with, accept, take on, and are dragged down by people and situations that we may have come to ignore in our lives rather than fix. Now is the time to identify those things that drain your energy for positive activities. As you think of more items, add them to your list.

You may or may not choose to do anything about them right now, but just becoming aware of and articulating them will bring them to the forefront where you'll naturally start eliminating, fixing or resolving them.

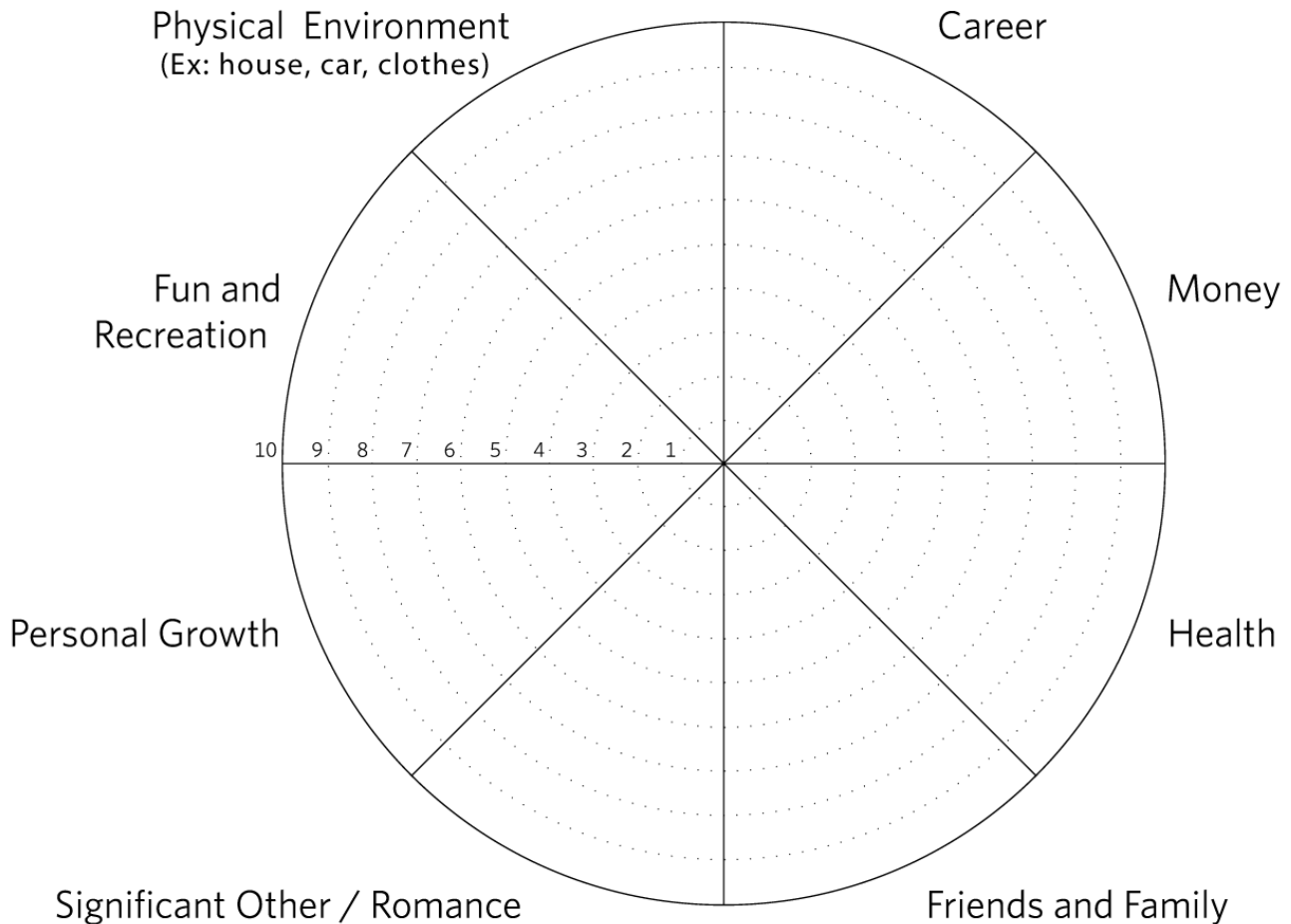
Energy Drainers at Work

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

Energy Drainers at Home

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

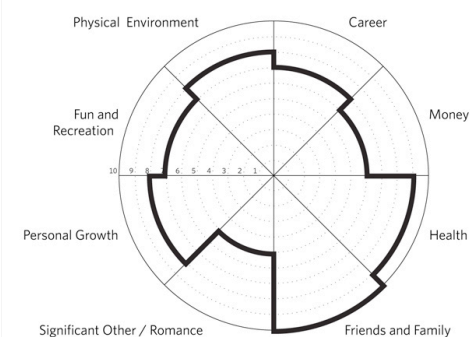
WHEEL OF LIFE EXERCISE



Directions

The eight sections in the Wheel of Life represent balance. Regarding the center of the wheel as 0 and the outer edge as 10, rank your level of satisfaction with each life area by drawing a straight or curved line to create a new outer edge (see example). The new perimeter of the circle represents the Wheel of Life. How bumpy would the ride be if this were a real wheel?

Example



* This exercise courtesy of Therapist as Life Coach by Patrick Williams and Deborah C. Davis