



Please complete this form and email to: soululartherapy@snohealth.com
Complete all pertinent questions. If you are single, disregard any couple-related questions.

COACHING INTAKE

Date: _____

YOUR INFORMATION

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business phone: _____
Mobile #: _____ Email address: _____
Additional phone(s): _____
Profession: _____ Health: _____
Current spouse/length of marriage: _____
Children's names and ages: _____
Previous marriages/length of marriage/children: _____
Nationality: _____ Religion: _____

SPOUSE'S INFORMATION

Name: _____ Age: _____
Address (if different): _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business phone: _____
Mobile #: _____ Email address: _____
Additional phone(s): _____
Profession: _____ Health: _____
Previous marriages/length of marriage/children: _____
Nationality: _____ Religion: _____

HEALTH CHECKLIST: Check all that apply to each family member and yourself

Table with 5 columns: You, Spouse, Children, Explain. Rows include Anxiety, Depression, Drinking, Substance abuse, Anger, Workaholism, Food addiction, Spending/gambling, Sex addiction, Physical health.

CURRENT THERAPISTS: Please list therapists you are currently seeing (if any). For each, include their role, and whether I have permission to contact them if needed.

You: Therapist: _____ Spouse: Therapist: _____
Role: _____ Role: _____
OK to contact: Yes [] No [] OK to contact: Yes [] No []

YOUR FAMILY OF ORIGIN

Mother's name: _____ Nationality: _____ Religion: _____ Age: _____
 Mother's location: _____ Profession: _____ Health: _____
 Father's name: _____ Nationality: _____ Religion: _____ Age: _____
 Father's location: _____ Profession: _____ Health: _____

SPOUSE'S FAMILY OF ORIGIN

Mother's name: _____ Nationality: _____ Religion: _____ Age: _____
 Mother's location: _____ Profession: _____ Health: _____
 Father's name: _____ Nationality: _____ Religion: _____ Age: _____
 Father's location: _____ Profession: _____ Health: _____

FAMILY EXPERIENCE

List 3 positive adjectives to describe your mother when you were growing up:

You: 1. _____ Spouse: 1. _____
 2. _____ 2. _____
 3. _____ 3. _____

List 3 negative adjectives to describe your mother when you were growing up:

You: 1. _____ Spouse: 1. _____
 2. _____ 2. _____
 3. _____ 3. _____

List 3 positive adjectives to describe your father when you were growing up:

You: 1. _____ Spouse: 1. _____
 2. _____ 2. _____
 3. _____ 3. _____

List 3 negative adjectives to describe your father when you were growing up:

You: 1. _____ Spouse: 1. _____
 2. _____ 2. _____
 3. _____ 3. _____

CURRENT PROBLEM/ISSUES: Please describe current problems and issues to be addressed:

ADDITIONAL INFORMATION: For each of you attending the session, please provide a one-page summary with this intake with any additional background information you think might be helpful and including your wishes for the session.



TERMS OF SERVICE

Karen Chonzena dba Soulular Therapy herein referred to as "coach" in this document.

CLIENT RESPONSIBILITIES: As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching calls and in person appointments, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time. I understand that relationship "coaching" is a Professional-Client relationship I have with my coach that is designed to facilitate the creation/development of personal relationship goals and to develop and carry out a strategy/plan for achieving those goals. I understand that relationship coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues, incorporate coaching into those areas, and implement my choices is exclusively my responsibility. I understand that relationship coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. I understand that coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with the mental health care provider regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my sole responsibility.

SESSIONS: I understand it is best if I come to every session with at least 3 relationship issues I want to address, receive support around, get feedback on, or dive into. I will also remain tethered to the most important big picture relationship goal I have. Every session should be in support of my big desire. I understand that whether my coaching is on a video conferencing call or an in-person session, I need to be on time. Each zoom call or in person session will be 60/90 minutes in length. I understand in order to benefit from this type of coaching that 6 sessions is a minimum amount of time with the coach to begin to notice shifts in yourself and in your relationships. And I realize that this isn't always the case, and it could be less time or more time needed with the coach to experience the benefit of coaching.

CANCELLATIONS: I agree to make session cancellations by leaving my coach an email or text 24 hours before the scheduled appointment (email kchonzena@gmail.com or text Karen at 425/750-7085). I understand that if I fail to do so, this counts for one of my sessions and I will be charged accordingly.

PAYMENT: I understand I am being charged the rate of \$150/60 min or \$200/90 min sessions. I will make payments to Karen Chonzena dba Soulular Therapy via schedulicity online scheduling auto payment. I agree to pay the above amount on time. My card will be automatically charged the appropriate amount per session or I can pay one payment prior to scheduling my first session.

POST SESSION NOTES: I understand that taking notes immediately following a session is helpful so that I can retain what we've discussed. I can email my coach my takeaways as a way to hold myself to noting the highlights.

ADDITIONAL CONTACT: I understand that Email contact is included in our coaching relationship. I may e-mail my coach at any time and as much as needed, to report wins and new insights. My emails help my coach with supporting me well, because they provide insight in what is happening in my experience, and where I am at. My coach reads them thoroughly, usually within 24 hours of receiving them (on the weekend this can be slower). My coach will try to get back to me 24-48 hours, if she/he sees an urgent need, and he/she will coach via email to some degree. However, my main coaching will happen during my verbal sessions with my coach. I understand that an email of mine may be left unanswered (or merely briefly acknowledged) and I know that my coach will still welcome, read and take my email seriously.

PHONE CONTACT: Phone support is not included.

ACKNOWLEDGMENT OF THE WORK: The hungrier I am for change, the quicker results will happen. Commitment to the work is crucial. Coming in for one or two sessions is helpful, but really diving in and rolling up my sleeves is best.

TERMINATION: I understand when I am ready to complete the work, a closing session will happen. In the event that coaching is no longer helpful to me before the commitment is over, the coaching relationship may be discontinued at that time. I will be upfront with my coach and give him/her two weeks' notice so that we can complete things properly. I understand that this is good practice for my other relationships.

I HAVE READ AND AGREE TO THE ABOVE.

Signature: _____ Date: _____

Signature: _____ Date: _____