*[Your logo/letterhead goes here]*

# Client Data and Coaching Terms of Agreement

Please complete this agreement, review the terms, sign and fax to *[your fax number here]*, along with your completed credit authorization. Thank you!

**CLIENT DATA:**

Client Name:

Address:

City, State, Zip:

Day Phone:

Evening Phone:

Fax:

Email:

Children (Names, ages):

Partner’s Name:

Birthday:

Occupation/Employer:

**COACHING TERMS:**

Fees: $      for       sessions per month *[fill in your fees and specifics]*

Duration of session: Approx.:       minutes per session

Session Day:  Monday  Tuesday  Wednesday  Thursday  Friday

Session Time:  am  pm  PT  MT  CT  ET   Other:

**PROCEDURES:**

* Call *[your phone number here]*  for our sessions.
* If you call in and get my voice mail, please call back after one full minute.
* Please do not leave a message and wait for me to call you back.

I understand that *[your name goes here]* is not a licensed therapist and that I am responsible for all my decisions, actions and feelings.

Client Signature/ Date: