

“Life Coaching with Pamela”
COACHING CLIENT PROFILE

Welcome to our coaching partnership -- I'm looking forward to working with you. I've prepared the enclosed coaching materials to assist both of us in getting the most from our relationship. Please take time to complete these forms and return a copy to me as soon as possible. Thanks.

Date: _____

I. Contact Information

Name: _____

Address:	City:	State, Zip Code:
Office Phone:	Home Phone:	Cell:
Fax Number:	E-mail:	www.:

II. Personal Information

Your Birth Date:	Anniversary Date (if applicable):
Spouse's Name, Birth Date:	
Children - Names and Ages:	
Current occupation:	Present Company:
Health Problems/Medications?:	

Have you worked with a Psychiatrist or PhD level Psychologist? If so, when/why?
How do you like to learn? (Circle each one that applies) Visual, Tactile, Auditory, Verbal, Kinesthetic, Cerebral
Favorite Hobbies/Sports/Interests:

III. Coaching Information

Who Do You Most Admire and Why?
What Are You Most Pleased and Proud of Having Accomplished and Why?
What Are Your Personal and Professional Strengths?

What is Your Passion in Life? What Makes You Happiest/Most Fulfilled? What Do You Offer That Is Unique and/or Excites You?

What Are Your Personal Life Goals for the next 90 Days?

What Are Your Professional Goals for the next 90 Days? If Job Searching, What is Your Time Frame for this to Happen?

What Motivates You? Why Do You Do What You Do? Personally or Professionally?

List 10 Things That Make You Smile:

What Else Do You Want Me to Know About You?

What Goals Do You Have for This Coaching Relationship?

IV. Coaching Policies and Procedures

A. This is the Initial Structure of Our Coaching Relationship.

Number of Sessions per Month: _____ **Duration:** _____ **Minutes**

Coaching conducted: _____ **by Phone** _____ **in Person**

Initial Term: _____ **Months** **Start Date:** _____ **Renewal Date:** _____

Initial Session Date: _____ **Initial Session Time:** _____

Subsequent scheduling will be discussed and agreed upon.

****You may also agree to pay by PayPal prior to each session. You may schedule the sessions individually. There is no requirement that you buy a monthly "pack" of sessions.**

B. Fee and Payment

Monthly Coaching Fee: \$ _____, **paid in advance of the month to be coached.**

Payment for coaching due:
_____ **on 1st of Month** _____ **15th of Month** **or** _____

Please send payment to: Pamela Milam, MA, LPC
3419 Westminster #328
Dallas, TX 75205

Please have payment arrive by the agreed-upon due date. A late payment fee of 5% will be assessed. You may pay by using PayPal. You may also pay prior to each individual session rather than monthly.

C. Periodic Reviews

We will conduct periodic reviews of the coaching partnership:

_____ **Quarterly** _____ **Bi-Annually** _____ **Annually**

Call Arrangement: Our arrangement can include as many as four calls per month.

Phone/Email Contact: In addition to the regularly scheduled calls per month, Client may call or e-mail me, if he/she needs to change the appointment time. If you reach my voice mail, please leave a message and let me know, if you want me to call back. Please limit phone or email contact to arranging, changing, or cancelling appointments. All other content can be saved for the coaching session itself. If you have a success that you want to share, please write it on your Call Prep Form so that we can discuss it during the coaching session.

Confidentiality: All interactions with you are kept strictly confidential. I may occasionally consult my own coach on your behalf, but that is the only exception. If I do, you will not be identified by name. Any other sharing would be with your permission.

Referrals: My practice fills by referrals. If you are benefiting from our relationship, please suggest my services to appropriate colleagues and friends. I know other coaches and their specialties and will suggest who would be appropriate for them, if I cannot meet their requirements.

Results: You are responsible for producing results and your decisions are your own. My responsibility is to explore with you the opportunities and possibilities available. I will be your #1 advocate, ally, and coach and will assist you in building the life you want. I will respect your life choices.

Initial Focus of Our Work: _____

Call Policy:

- Call me at **972-896-7437** at our appointment time. If you get my voice mail, please hang up, wait one or two minutes, and call again - our clocks are not always synchronized.
- If *I* have to change an appointment, I will always reschedule it and make sure you have the call you paid for.
- If *you* need to cancel or reschedule the session, please give 24-hour notice. We will reschedule to a mutually acceptable time. Emergencies will be dealt with as they arise.
- Forgetting or just missing an appointed call is not an emergency. Missed appointments or non-emergency cancellations with less than 24-hour notice may be difficult to reschedule and will count as one of your scheduled calls.
- Client pays for long distance charges, if any.

Request: I request that you obtain access to e-mail, if you do not already have it. It will expedite and benefit our work together in regard to efficient scheduling. Please ask me for information regarding same, if needed.

Termination: The Client may cancel at any time, though I appreciate two weeks' notice so we can have an effective closure. Cancellation must be in writing or by e-mail.

Coach Disclaimer of Liability

Client hereby employs Pamela Milam as Coach for the purpose of advising and counseling Client with respect to Client's life overall, developing interpersonal relationships and setting and achieving the Client's goals. Pamela Milam has experience in such matters and agrees to render such coaching services.

Client understands and Pamela Milam agrees that she is not an employment agent, a business manager, a financial analyst or a medical doctor and that she has not promised, shall not be obligated to, and will not: 1.) procure or attempt to procure any employment, business, or sales for the Client; 2.) perform any business management functions such as accounting services, tax or investment consulting, or advice with regard thereto; or 3.) diagnose or prescribe for any medical condition.

Counseling vs. Coaching: I understand that Pamela Milam is a licensed counselor and a certified coach. She is contracting with the client for coaching services only. If there has been a prior counseling relationship or contract with Pamela, that contract is now terminated and appropriate referrals have been provided. Pamela Milam is being employed for coaching services only. Client agrees to seek counseling or psychiatric assistance from a local, licensed counseling professional or psychiatric service provider, if needed.

Consent: I have read the above information and policies and have clarified any questions I have. I agree to the stated terms.

Client's Signature

Date

Pamela Milam, MA, LPC

Date

Pamela Milam, MA, LPC
#972-896-7437
counselorpamela@hotmail.com