

**Life Coaching & Empowerment, LLC**  
**{John Carney, MA, BCMLC, BCPC}**  
**Initial Session Paperwork**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Number) (City, State, Zip)

Home Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

May we leave a message? Y N

Cell Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

May we leave a message? Y N

Email: \_\_\_\_\_

May we email you? Y N

**\*\*\*Please be aware that email may not be confidential. Your email will not be shared with anyone.\*\*\***

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Partner Status: Single Married Partnered Separated Divorced  
Dating Widowed Length of relationship: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Child (ren's) Name(s) and Age(s): \_\_\_\_\_

Number of Siblings: \_\_\_\_\_ Name(s) and Age(s): \_\_\_\_\_

Referred by: \_\_\_\_\_

Primary Care Physician Name, Phone and Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) (Phone Number)

**Health and Social Information**

Please list specific ethnicity/race and check all that apply below: \_\_\_\_\_

Check all that apply: White/European American Hispanic/Latino (a)

Black/African American/African Asian American Pacific Islander

American Indian Middle Eastern Other: \_\_\_\_\_

Religion/Spirituality: \_\_\_\_\_ Actively Religious/Spiritual? Y N

Do you have any physical disabilities? N Y Please list: \_\_\_\_\_

Do you have any cognitive disabilities? N Y Please list: \_\_\_\_\_

Living Situation:  I live alone  others in Household List names and relationships to you:

Are you currently receiving life coaching services, psychiatric services, professional counseling, or psychotherapy services elsewhere?  N  Y Indicate Provider(s) \_\_\_\_\_

Have you ever had previous life coaching, psychotherapy or professional counseling services?  N  Y  
Indicate Provider(s) \_\_\_\_\_

Please list any medications, prescribed or over the counter that you are currently taking:

If you have currently or ever have taken prescribed psychiatric medication in the past, please list:

What brought you in to our office today? \_\_\_\_\_

In the last year, have you experienced any significant life changes or stressors? \_\_\_\_\_

Are you currently having suicidal thoughts or any thoughts of harming yourself?

N  Y:  Frequently  Sometimes  Rarely

Have you ever made a suicide attempt?  N  Y

Are you currently having any thoughts of harming someone else?

N  Y:  Frequently  Sometimes  Rarely

## Symptoms/Difficulties

Please indicate if you are currently experiencing any of the following symptoms or difficulties:

- |   |   |
|---|---|
| <input type="checkbox"/> Depressed mood                       | <input type="checkbox"/> Sexual harassment, sexual assault, or sexual abuse of self or other (past/present) |
| <input type="checkbox"/> Loss of interest in usual activities | <input type="checkbox"/> Unwanted sexual contact  |
| <input type="checkbox"/> Fatigue or loss of energy            | <input type="checkbox"/> Violence in your home  |
| <input type="checkbox"/> Thoughts of worthlessness            | <input type="checkbox"/> Verbal or emotional abuse  |
| <input type="checkbox"/> Difficulty concentrating             | <input type="checkbox"/> Physical abuse   |
| <input type="checkbox"/> Excessive guilty                     | <input type="checkbox"/> Victim of a crime  |
| <input type="checkbox"/> Excessive worry                      | <input type="checkbox"/> Trauma history   |
| <input type="checkbox"/> Difficulty sleeping                  | <input type="checkbox"/> Cutting or self-injurious behavior   |
| <input type="checkbox"/> Changes in weight or appetite        | <input type="checkbox"/> Mood swings  |
| <input type="checkbox"/> Extreme anxiety                      | <input type="checkbox"/> Rapid speech   |
| <input type="checkbox"/> Restlessness                         |   |

- |  |  |
|--|--|
| <input type="checkbox"/> Social anxiety  | <input type="checkbox"/> Racing thoughts   |
| <input type="checkbox"/> Panic attacks   | <input type="checkbox"/> Impulsive behavior  |
| <input type="checkbox"/> Phobias   | <input type="checkbox"/> Disturbing dreams or memories                                       |
| <input type="checkbox"/> Discrimination based on gender, race, ethnicity, age, (dis)ability, sexual orientation, class, size/weight, or other identity | <input type="checkbox"/> Hallucinations or delusions   |
| <input type="checkbox"/> Eating disorder   | <input type="checkbox"/> Alcohol or substance abuse  |
| <input type="checkbox"/> Body image problems   | <input type="checkbox"/> Frequent bodily complaints  |
| <input type="checkbox"/> Repetitive thoughts (e.g., obsessions)  | <input type="checkbox"/> Difficulties with job or school performance                         |
| <input type="checkbox"/> Repetitive behaviors (e.g., frequent checking, hand washing)  | <input type="checkbox"/> Work-related stressors  |
| <input type="checkbox"/> Difficulty controlling your temper  | <input type="checkbox"/> Complaints about your behavior from friends work, family, or others |
| <input type="checkbox"/> Difficulties in romantic relationships  | <input type="checkbox"/> Difficulties with friendships                                       |
|  | <input type="checkbox"/> Difficulties with family relationships                              |
|  | <input type="checkbox"/> Difficulties with sexual functioning                                |
|  | <input type="checkbox"/> Other _____   |

### Other Health and Social Information Continued

Please list how often you currently drink alcoholic beverages: \_\_\_\_ drinks per \_\_\_\_ day/week/month (circle one)

How often have you drunk during a time of highest usage: \_\_\_\_ drink per \_\_\_\_ day/week/month (circle one)

Please list any current recreational drug use: \_\_\_\_\_

Please list any past recreational drug use: \_\_\_\_\_

Please list any persistent medical symptoms, current medical diagnoses, hospitalizations, surgeries, or health concerns (e.g., chronic pain, headaches, hypertension, smoker, diabetes, cancer, AIDS): \_\_\_\_\_

Are you having any difficulty with your sleep habits?  N  Y

If Yes:  Too much  Too little  Poor quality sleep  Other: \_\_\_\_\_

Are you having any difficulty with appetite, weight gain or loss, or eating habits?  N  Y

If Yes:  Eating less  Eating more  Binging  Restricting  
 Purging (e.g., vomiting, diet pills, laxatives)  Exercising excessively

How many times per week do you exercise? \_\_\_\_\_ Approximately how long each time? \_\_\_\_\_

How would you rate your support system (e.g., partner/spouse, friends, family, extended family, co-workers)?

Excellent  Good  Fair  Poor

Do you have any family history of psychiatric difficulties that you know of?  N  Y

If yes, please list: \_\_\_\_\_

What do you consider to be your strengths? \_\_\_\_\_

What do you like most about yourself? \_\_\_\_\_

What do you do for fun? \_\_\_\_\_

What are effective coping strategies you've learned? \_\_\_\_\_

What are your goals for therapy? \_\_\_\_\_

Is there anything else you'd like to share? \_\_\_\_\_

I have read, received a copy of, understand and agree to the "Professional Agreement and Consent to Treatment" paperwork attached herein. I understand that this includes: the approach to professional consultation, financial terms, and policy regarding missed appointments, emergency procedures, and the limits to confidentiality. I understand that I am ultimately financially responsible for all incurred bills. With the understanding of my rights and responsibilities, I also understand the possible risks and benefits, and I fully consent to a professional relationship with John W. Carney, M.A., Life Coaching & Empowerment, L.L.C. All my questions/concerns about all services and all paperwork have been addressed.

\_\_\_\_\_  
(Printed Name of Patient) (Signature) (Date)

\_\_\_\_\_  
(Printed Name of Guardian if Patient is a Minor) (Signature) (Date)

# Life Coaching & Empowerment, L.L.C.

John W. Carney, M.A., Professional Life Coach  
Professional Agreement and Consent to Treatment

## Confidentiality

All information that you disclose is held strictly confidential unless:

- 1 You authorize a release of information with your signature.
- 2 You present a danger to yourself or others.
- 3 Abuse or neglect of a child, elderly person, or other person unable to care for their own needs, is suspected.

In the latter two cases, I am required by law to inform potential victims and/or legal authorities so that protective measures can be taken.

## Financial Terms and Fees

### Payments are due at the time of service.

The fee for your initial session is \$120.00. The fees for on-going coaching services are: per session...\$60.00/30 min., \$90.00/45 min., \$120.00/60 min., \$150.00/90 min. There is basically a \$2.00 charge per minute up until 1 hour. After 1 hour, it becomes \$1.00 per minute...per session. We do not accept insurance, but we do accept most credit cards, debit cards, and HSAs (with a "Sic code" pre-approved of 7299.)

As where most Counseling length of weekly treatment averages 6 months to two years, quality Professional Life Coaching averages 3 to 9 months based on severity of presenting issues, genuine level of commitment, goals and objectives, and financial/scheduling availability. That being said, if a person wants to truly be deeply committed to their healing and/or coaching and make most efficient use of their time and resources, we will offer the following discounted fee package.

If you pay ahead for weekly, hour-long sessions, for 3 months, the adjusted fee will be \$100./session, instead of \$120. This will save you \$260.

Paying ahead for 6 months would be \$90./session, instead of \$120...saving you \$780.

Paying ahead for 9 months would be \$80./session, instead of \$120...saving you \$1560.

\* Of course, the fee is non-transferable from week-to-week, and non-refundable, except in cases of extreme emergency. This is mainly to encourage each person to be deeply committed to their healing, strengthening, and strategic goal attainment. Since we don't accept insurance payment, this hopefully will help defray the cost for some who need that. We have a few other special pricing packages for folks who are serious as well.

\*\* As of early 2017, we have instituted a new policy for folks who would otherwise have trouble affording Professional Coaching. If someone can validate and substantiate a critical financial need AND make a longer term commitment to weekly sessions, a sliding fee scale is available upon request, after an introductory session.

If you want to sign up for any of the above mentioned packages, please speak directly to John about your preference up-front. Thanks!

Sessions are typically are scheduled once per week. Additional professional services such as report writing, telephone conversations that last longer than 10 minutes, attendance at meetings or consultations with other professionals that you have authorized, preparation of records or treatment summaries, or the time required to perform any other service that you may request of me are charged on a prorated basis of the \$100.00 base fee. If you become involved in litigation that requires my participation, you will be expected to pay for the professional time required even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge \$300.00 per hour upfront for all services related to any legal proceeding.

### **Cancelled/Missed Appointments**

If you need to contact me in between sessions, leave a message on my confidential voicemail. Please inform me if your call is an emergency and do this for true emergencies only. Keep in mind that I do not have a 24-hour crisis service but I will make every intention to return your call as soon as possible; however, I may not be able to return the call until the next business day. If an emergency situation arises and I am unavailable, please call 911 and follow emergency procedures. If there is a no-show or cancellation within 24 hours before a scheduled session, there will be a full session billed, since there would be no time to get someone else to fill the time slot.

### **Consent for Treatment**

I have chosen to attend coaching therapy and understand that I may terminate services at any time. I authorize and request that Life Coaching & Empowerment, L.L.C/John W. Carney, M.A. carry out personal/professional coaching therapy that is advisable. I understand that while the course of therapy is designed to be helpful, it may at some times be difficult and uncomfortable for my progressive empowerment.

### **My Approach to Treatment**

Although I have expertise as a psychotherapist and coach, I believe that you are the expert of your life. You have learned how to survive thus far, you know yourself best, and you already have many strengths. You may feel that some of your coping skills are not working for you and you need to develop some new ones. I believe that we all have a connectedness within us and potentially with a Power greater than us, and it is a matter of learning how to access it. I can assist you in learning how to access this strength and wisdom. That may require new ways of thinking or coping. You are the one who is a capable of making those changes.

Consultation is goal-directed. This means that we will collaborate together to identify treatment goals at your initial session and may modify them at any time thereafter during our time together; however, all will be focused on making progress toward accomplishing those goals.

Consultation takes into account the context, environment, social, political, cultural, and familial factors and systems that may be contributing to your present concerns and any coping strategies that may potentially work for you (spiritually, mentally, emotionally, interpersonally, and most of all, willfully).

I utilize an integrative approach. This means a range of techniques and processes that are empirically supported (e.g., by current research in the field of life coaching, counseling, and psychotherapy) and are modified to be specific to your goals and needs. Primary goals include collaborating together to: bring healing to the core of

your person, reduce problematic symptoms, identify strengths, and establish positive coping skills. All this is to help you clarify and attain your vision for your life.

Sessions will begin on the hour at the time of your scheduled appointment, unless it is your first appointment and you need to come 20 minutes early to fill out paperwork. **Sessions will last approximately 1 hour. Please arrive on time so that we may begin on time and gain the full benefit of our time together. If you need to cancel your appointment or change your appointment time, please call as soon as possible and not later than 24 hours ahead of time to avoid a “no show” fee (the full session charge).** If you are scheduled for a visit, we will meet for an initial session. Our goals for that session will be to: understand your reasons for coming in and any difficulties you might be facing; gather some background and history information so that your situation can be understood within a context; develop goals for our time together; and most importantly, get to know one another and ensure that we are a good fit and your goals can be met.

### **Individual Coaching Consultation after Initial Session**

After we determine the goals that are most appropriate for you, we will work on attaining those goals. I will ask that you come prepared to each session with finished homework, and what you would like to discuss during that session, keeping in mind our overall goals. I also ask that you collaborate in treatment by being an active participant, trying out new ideas for coping or ways of thinking, and providing on-going feedback. It is important to me that you are getting what you need. I encourage feedback from you, and I suggest that we periodically touch base about our progress and goals. **\*\*If you have questions about fees, the on-going process, expectations or other concerns, please discuss these with me as soon as possible.\*\***

### **Agreement to Higher-level Coaching Board Certification Release of Administrative Information**

Being a perpetual learner and always desiring to stay at the top level of Professional Coaching certification, I am in the process of intensive training once again, through the Professional Christian Coaching Institute (the foremost Professional Christian Life & Leadership Coach training in the nation), to attain the highest level and most authoritative coaching certification in the world, through the International Coaching Federation (ICF).

Unless you tell me otherwise (which you are certainly free to do), and it would not hamper your sessions in the least, I will be including your name, either phone or email, dates you had sessions, and how much you paid on a roster that will be turned in at a later date to the ICF, exclusively for proof of my substantiated coaching practice delivery. The ICF will only use this information to verify my experiential practice. I doubt they would ever contact you, but if on the rare occasion they might, it would only be to verify that you saw me on so-and-so dates and paid what I told them, period. They will NEVER know anything about you, what we covered in session, or anything else! Your contact information will forever be absolutely kept confidential. Your sessions are, as we discussed, still completely confidential, on every level, and in every context. Thank you for helping me attain the highest level of professional certification in the world.