

Peggy L. Ferguson, Ph.D.

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CLIENT *Intake* FORM



Welcome to my Practice



CLIENT INTAKE FORM

PERSONAL INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

GENDER

MALE FEMALE NB

CONTACT INFORMATION

EMAIL ADDRESS

PHONE NUMBER

HOME ADDRESS

CITY, STATE

ZIP CODE

EMERGENCY CONTACTS

Please supply the names and phone numbers of two people we could call in case of emergency.

#1

#2



Comparing Coaching, Consultation, and Counseling

Counseling, consultation, and coaching exhibit commonalities while also presenting distinct differences. Counseling and psychotherapy typically center on the assumption of a "pathological" condition or the presence of an "illness." Treatment of diagnosed health issues (e.g., Major Depressive Disorder, Generalized Anxiety Disorder, PTSD, etc.) is covered by health insurance because treatment for the specific health issue is "medically necessary" for the individual's well-being.

In contrast, consultation and coaching do not presuppose the existence of pathology or a mental health condition requiring "treatment." Consultation involves a client utilizing a professional's knowledge and expertise to address a specific problem or issue.

Consultation can consist of a single session or extend to multiple sessions, depending on the complexity of the matter at hand.

Coaching is a collaborative effort unfolding over a series of sessions in which the client takes the lead in identifying their goals and life objectives. By working together to identify and overcome obstacles, the coach provides guidance, support, encouragement, and professional expertise to assist the client in aligning their goals with their values.

Importantly, coaching clients have the autonomy to define the session's purpose, content, and the number of sessions they desire. Clients retain the right to terminate the coaching relationship at any point.



Consent For Coaching

I willingly consent to coaching services with Dr. Peggy L. Ferguson, Ph.D. I have carefully reviewed the descriptions and background information about Counseling/Therapy, Consultation, and Coaching. I am familiar with coaching's benefits, methods, and goals, and I acknowledge that coaching should not be considered a form of psychotherapy or a replacement for counseling or psychotherapy. I recognize that my relationship with Dr. Ferguson is not one of counseling or psychotherapy.

I commit to utilizing the goals established during our early sessions as a plan of action, subject to adjustments as necessary. I also know that the designated "emergency contacts" could be contacted in an emergency.

I understand that our discussions will remain confidential and not disclosed to others. However, it's important to note that the confidentiality extended to clergy, therapists, and attorneys does not apply to coaching professionals. In certain circumstances, such as legal requirements or professional ethics, there may be limits to confidentiality. These limitations may include situations where a client threatens harm to themselves or others or if a counselor has reason to believe a child or elder is a victim of abuse or neglect. Under these circumstances and others, legal statutes compel the coach to break confidentiality.

I know Dr. Ferguson's fee for a fifty-minute session is \$250. I will make payment at the time of service. If I need to cancel, I understand that a minimum 24-hour notice is required; otherwise, a \$75.00 late cancellation fee will apply.

Furthermore, I acknowledge that our consultation and coaching sessions will use a videoconferencing platform that upholds industry standards of security and privacy. It is crucial to understand that videoconferencing is not suitable for emergencies.



Consent for Coaching Continued

I am responsible for selecting a private, secure, distraction-free location for our sessions, free from non-participants. Recording sessions is not permitted without written consent from both parties.

I recognize that Dr. Ferguson is unavailable around the clock, seven days a week. All coaching sessions will be pre-scheduled and are by appointment only. If, at any point, coaching is no longer appropriate for my needs, I understand that Dr. Ferguson may recommend and refer me to another provider. I know that a breach of this agreement or excessive cancellations may lead to the termination of coaching services.

Lastly, I acknowledge that there is no guarantee that I will achieve the desired results from coaching.

I confirm that I have thoroughly understood the contents of this document, and I willingly consent to consultation or coaching services.

Name of Client

Signature of Client

Date Signed



Client Name

Date

New Client Questionnaire

Please rate your agreement with each statement on a scale from 1 (strongly agree) to 5 (strongly disagree):

- ____ I am confident in my ability to create the life I truly desire.
- ____ I am open to trying out new approaches in my life.
- ____ I am committed to maintaining discipline and honoring my commitments.
- ____ I hold a positive outlook on life.
- ____ I take full responsibility for the outcomes I generate in my life.
- ____ I have a clear vision for my life and know what I want to achieve.
- ____ I work effectively in collaboration with others.
- ____ I live with a strong sense of integrity.
- ____ I have a supportive network of people dedicated to my success.
- ____ I prioritize my personal growth and am willing to invest time and effort.
- ____ I can quickly rebound after facing setbacks in life.
- ____ I am open to receiving support and contributions from others.



New Client Questionnaire Continued

What motivated you to seek the guidance of a life coach?

Have you ever worked with a Life Coach in the past? If so, please share your experience.

Which aspects of your life are currently going well?

What aspects of your life do you believe could be improved?

What is your primary focus for our work together?

Identify any obstacles that have hindered your progress in achieving your goals.

What are your core life values? What matters most to you?

How do you define success?

What would you love to pursue or achieve if you knew you could not fail?



Goal Setting Worksheet

Please provide the following information and answer the questions below.

Please list your top three goals:

Goal # 1:

This goal is important to me because:

Some barriers in my life that might get in my way of achieving this goal are:

Goal # 2:

This goal is important to me because:



Goal Setting Worksheet Continued

Some barriers in my life that might get in my way of achieving this goal are:

Goal # 3:

This goal is important to me because:

Some barriers in my life that might get in my way of achieving this goal are:



KICKOFF CHECKLIST

COMPLETE INTAKE FORM

REVIEW “COMPARING
COACHING, CONSULTATION, AND
COUNSELING”

SIGN AND DATE “CONSENT FOR
COACHING”

COMPLETE “NEW CLIENT
QUESTIONNAIRE”

COMPLETE “GOAL SETTING
WORKSHEET

PAY YOUR INVOICE