

Greaterness Coaching - Entrance Form

PRINT NEATLY!

Today's Date:

Last Name: Legal First Name: Name you choose to be called:

Address: City, State, & Zip:

Cell Phone: Home Phone: Work Phone:

E-mail address: Occupation:

Date of Birth: Age: Sex: Marital Status: Number of Children:

Names and Ages of People Living With You:

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How did you hear about Greaterness Coaching? (Who referred you?)

Which of the following choices most accurately describes you?

(Circle One) Concerning my work here, I will be a: A) Great Partner, B) Challenge, C) Curious Observer, D) _____

What would you like to achieve through Greaterness Coaching?

(Circle the titles) What you are currently taking? (Provide specific names and why you are taking them)

Prescription Drugs Non-Prescription Drugs Herbs Homeopathic Remedies Supplements

Are you following a special diet? If yes, explain

Do you smoke? If yes, how much

Do you drink alcohol? If yes, how much

Do you drink coffee or tea? If yes, how much

Hours of sleep per night:

Describe your quality of sleep: (Excellent / Good / Average / Sporadic / Poor)

List any history of significant emotional trauma (provide dates):

List any history of significant physical trauma (falls, accidents, injuries, etc.) (provide dates):

List any history of hospitalizations or surgeries (provide dates):

1. Underline ALL that you have done in the past: AND 2. Circle ALL that you are currently doing:

Chiropractic Coaching Counseling Exercise Massage Meditation Physical Therapy Yoga

What other strategies do you use for taking care of yourself (for your health, attitude, wellbeing, quality of life, personal growth, etc.)?

On a scale of 0-100, how would you grade your overall: Physical State?

Mental State?

Emotional State?

What do you do for fun?

What inspires you?

What else would you like to share about you? (Include any information you feel will help us better understand and serve you.)

STATEMENT OF OBJECTIVE / AGREEMENT:

The purpose of this side of the form is to state clearly the objectives, the services that Greaterness Coaching provides, and the obligations you have to yourself. Initial each statement (on the left) to indicate your understanding and acceptance:

- _____ Greaterness Coaching focuses primarily on education, empowering people to learn how to thrive/succeed.
- _____ The process of Greaterness Coaching involves dialoguing for the purpose of arriving at a "focus phrase" (a mantra) that helps people meet specific developmental needs.
- _____ I, the undersigned, agree to explore the education of Greaterness Coaching.
- _____ "Forward Healing" involves the art of learning how to step well into each new phase of life.
- _____ "Thriveapeutics" is the heading that describes the type of care Greaterness Coaching provides. It is NOT therapeutic.
- _____ I understand that the services I receive from Greaterness Coaching are NOT alternatives to receiving medical attention.
- _____ I shall not confuse the services I receive from Greaterness Coaching with me fulfilling any personal responsibilities I have regarding me receiving expeditious medical care for any conditions I may knowingly and/or unknowingly have.
- _____ I fully understand that the Greaterness Coaching approach is both unique and a separate educational entity, entirely different from and NOT in competition with conventional medical treatments and alternative therapies.
- _____ Furthermore, I understand that Greaterness Coaching is NOT to be used in place of medical or other types of care.
- _____ I understand that Greaterness Coaching is first and foremost an educational system developed to teach me how I can better help myself achieve my goals, whether they be personal, professional, or otherwise.
- _____ I understand Greaterness Coaching does NOT name or treat symptoms, conditions, diseases, or ailments of any kind.
- _____ I understand that Greaterness Coaching does NOT discourage me from seeking a diagnosis and/or treatment for any symptom(s), condition(s), ailment(s), or disease(s) I may be experiencing and/or expressing.
- _____ I understand that any suggestion(s) or recommendation(s) I receive from Greaterness Coaching is NOT prescriptive advice and NOT a replacement for conventional medical care, professional counseling, and/or therapy.
- _____ I understand that I should address any mental health concerns I may have with a licensed mental health professional.
- _____ I understand that my responsibility is to present immediately any questions or concerns I may have regarding office policies and procedures.
- _____ I understand that payment is due in full at the time services are rendered unless prior arrangements have been made.
- _____ I understand that additional information about Greaterness Coaching is available at www.greaternesscoaching.com.
- _____ I take FULL responsibility for decisions I make as a result of exploring Greaterness Coaching.
- _____ I do hereby for myself, my heirs, my executors, and my administrators, waive, release, and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me against my Greaterness Coach for any and all demands, liabilities, rights, or causes of action arising out of or in connection with me choosing to use this service.
- _____ I agree to defend, indemnify, and hold my Greaterness Coach harmless from and against any claims, actions or demands, liabilities and settlements including without limitation, reasonable legal and accounting fees, resulting from, or alleged to result from, my violation of the terms and conditions of this Agreement.
- _____ My signature certifies that I have read and agree to these objectives entirely.
- _____ I am signing this agreement voluntarily and not under duress of any kind.
- _____ My signature below indicates my complete understanding and acceptance of all the above.

FOR THE PARENT OR GUARDIAN OF A MINOR CHILD FOR WHICH THIS FORM IS BEING COMPLETED:

- _____ I, the undersigned, state that I am the legal parent or guardian of the minor child listed on this form.
- _____ I give consent for my minor child listed on this form to receive the specialized services of Greaterness Coaching.

Signature: _____ Date: _____