



Professional Coaching Agreement for Individuals

Please review the terms, complete and sign this agreement, and send to me.

CLIENT INFORMATION:

Name: _____
Address: _____
City/State/Zip: _____
Preferred Phone: _____
Fax Number: _____
Email Address: _____
Occupation: _____
DOB: _____ Age: _____
Referred by: _____

Significant People in Your Life:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

COACHING AGREEMENT

I understand that I am working with Diane Helbig for professional coaching at the agreed fee. I am paying this monthly retainer by check prior to the beginning of the month. We will have standing scheduled appointments 3 times per month by telephone or meeting in person, as deemed most useful. Each session will be approximately 50 minutes long.

Additionally, we may have other limited exchanges via phone, fax, or email without additional charge. If special circumstances arise that necessitate additional sessions, the fee and schedule will be negotiated at that time.

All information will be held as confidential unless the client requests otherwise in writing.

Professional Coaching is distinctly different than counseling, psychotherapy, and psychoanalysis, and does not deal with diagnosis or treatment of emotional problems. I understand that I am responsible for all of my decisions, feelings and actions. Since Professional Coaching does not constitute medical consultation or treatment, any healthcare insurance does not apply. These fees may be considered deductible business expenses.

Signature: _____ Date: _____