

“Coaching with the Cagens” COACHING CLIENT PROFILE

Welcome to our coaching partnership! We are excited to begin working with you and have prepared the enclosed coaching materials to assist each of us so that we may get the most from our relationship. Please take time to complete these forms and return a copy to us as soon as possible. Also, please indicate your primary coach and are or coaching you are seeking.

<input type="checkbox"/> Dr. Steve Cagen	<input type="checkbox"/> Life Coaching	<input type="checkbox"/> Wellness Coaching
<input type="checkbox"/> Dr. Nancy Cagen	<input type="checkbox"/> Business Coaching	<input type="checkbox"/> Relationship Coaching

I. Contact Information

Name: _____ **Date:** _____

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 Counselor/Therapist?	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.

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: Dr. Cagen – 61 W. Jordan Street, Brevard, NC 28712

Please have payment arrive by the agreed-upon due date. A late payment fee of 5% will be assessed. If you wish to pay by credit card, complete the separate form enclosed.

C. Periodic Reviews

We will conduct periodic reviews of the coaching partnership:

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

Call Arrangement: Our arrangement usually includes four calls per month.

Additional Contacts: In addition to the regularly scheduled calls per month, Client may call or e-mail me, if he/she needs advice, has a problem or can't wait to share a success. If you reach my voice mail, please leave a message and let me know, if you want me to call back. If you send an e-mail and want a quick response, please indicate that in the subject line. Otherwise, I will respond within 24 hours Monday through Thursday. Please limit the extra phone calls to 5 or 6 minutes.

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, cheerleader 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 **828-885-7207** 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.

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