

# Live Joyfully Health and Wellness Coaching

1. I understand that coaching is a broadly inclusive process that may include different areas of my life including and not limited to health, professional or family relationships and work. I acknowledge that it is my decision and choice how to utilize information in these areas in coaching sessions. It is my responsibility.
2. I understand and agree that I am responsible for my physical, mental and emotional well-being during my coaching appointments. These appointments may take place in person or by phone. Any choices I make or injuries that I incur from recommendations made during my coaching appointments are fully my responsibility.
3. **TAKING BREAKS and TERMINATION:** I agree and understand my coach or I can terminate or discontinue coaching at any time. If I need to cancel or change the time of a coaching appointment I understand I need 24 hours notice in order to not to be charged for the session. With advance notice of more than 24 hours I will not be charged and I will make every effort to reschedule.
4. **CONFIDENTIALITY:** I understand that in order to protect my privacy, if I terminate my coaching, any assignment work or information about our coaching sessions will be deleted from my coach's files. I also agree that I consent to using e-mails to sometimes transmit sensitive information. I acknowledge the risks involved and waive any rights against my coach for errors made in these transmissions.
5. **NON-DISCLOSURE and INTELLECTUAL PROPERTY:** I understand that the methodology, coaching techniques and strategies used, as well as assignments, documents or emails are proprietary and I understand that and agree that they may not be used for any other purposes other than my coaching appointments without written consent from my coach. I understand that information is held as confidential to fulfill my coaching obligations and as required by law.
6. **DEFINITION of COACHING:** I understand that coaching is intended for individuals who want to take action and make behavior changes in the service of their goals for life, health, well-being or work. Coaching does not involve the diagnosis or treatment of physical or mental disorders and I will not use it in place of any other diagnosis, therapy or treatment for other advice given me by medical, legal, financial or other qualified professional. It is clear that coaching may not be appropriate for all people.
7. **LIABILITY:** Total liability under this coaching agreement shall be limited to the total amount actually paid by a client to the coach. In no event shall the coach be liable for any consequential or indirect damages alleged to result from the coach's performance or obligations under this agreement. I understand, acknowledge and agree that limited liability is a fundamental part of this agreement. The fees charged in this coaching agreement reflect the risk agreed upon by both client and coach. No action, regardless of nature arising from coaching services may be brought by the client, more than one (1) year after services rendered.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

*If client is a minor*

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

This form covers coaching services given by Live Joyfully Health and Wellness Coaching

Please read this form carefully.

I hereby agree to the following:

I understand that life coaching is a relationship I have with my coach designed to facilitate the creation/development of my best life, and what I express how my coach can assist. I understand that life coaching is a comprehensive process that may involve all areas of my life and could include work, finances, health, relationships, education, activities and that deciding what to do in these realms is my responsibility.

I understand that information I give to Live Joyfully Health and Wellness Coaching is confidential unless I state otherwise, in writing. However, I understand that if I report abuse, neglect or threaten to harm myself or someone else, necessary actions will be taken and my confidentiality agreement will not limit this capacity.

As a client, I understand and agree that I am fully responsible for my wellbeing during my coaching sessions, including my decisions and choices. I may discontinue my coaching sessions with Live Joyfully Health and Wellness Coaching at any time. I know that coaching is not psychotherapy, counseling or any medical alternative. I understand coaching is not a substitute for counseling, psychotherapy, mental health and will not use it in place of any form of therapy or medical advice. I agree I am well adjusted, mentally healthy and ready for coaching. It is my responsibility to consult my health care provider prior to participating in coaching with Live Joyfully Health and Wellness Coaching. Should I choose not consult my primary health care provider, I accept full responsibility & waive all rights to liability or any claims against Live Joyfully Health and Wellness Coaching or any affiliated administrators, or employees. I, release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.

I forever release Live Joyfully Health and Wellness Coaching from any and all actions, claims or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have or may have in the future, for injury, death, or property damage, related to my participation in this activity or for the negligence or other acts, whether directly connected to this activity or not. I agree, I the client, would be responsible for attorney fees for all parties if law suit filed.

I understand that I am responsible for the fees if I cancel less than 24 hours. Missed session will not be made up.

I am choosing to participate in coaching services with Live Joyfully Health and Wellness Coaching Any suggested Yoga Poses, Meditation or Reading Material is just a suggestion. It is my choice to perform or read any suggested material and I do them at my own risk.

I have read and understood the contract as written here and agree to all terms.

Client Name (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If client is a minor*

Client Name (print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Live Joyfully Health and Wellness Coaching CLIENT QUESTIONNAIRE

## GENERAL INFORMATION

Name:

Date:

Street Address:

Phone:

E-mail:

Occupation:

Employer:

Date of Birth:

Age:

Sex:

Children (# and ages):

Relationship Status:

**GOALS, GENERAL HEALTH HISTORY, BACKGROUND**

Body Weight:            Current Body Weight:  
                                 Goal Body Weight:  
                                 One Year Ago:  
                                 Two Years Ago:  
                                 Five Years Ago:  
                                 Ten Years Ago:

Frame Size (if known): Small            Medium            Large

Height:            \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Fitness Goals Priority:            1            2            3

Nutrition Goals Priority:            1            2            3

Weight Goals Priority:            1            2            3

Stress Management Priority: 1            2            3

Health Goals Priority:            1            2            3

Other Goals Priority:            1            2            3

Check goals and add details, if necessary:

- \_\_\_ Weight-management \_\_\_\_\_ lbs
- \_\_\_ Increased energy/Productivity
- \_\_\_ Improved appearance
- \_\_\_ Feel/look younger
- \_\_\_ Improved muscle tone
- \_\_\_ Improved muscle mass

- \_\_\_ Decreased stress
- \_\_\_ Better sleep

- \_\_\_ Improved self esteem
- \_\_\_ Decreased depression
- \_\_\_ Decreased alcohol consumption
- \_\_\_ Decreased tobacco consumption
- \_\_\_ Improvement of one or more medical conditions
- \_\_\_ Improved relationships

What else do I need to know to help you reach your goals?

What is the first area you would like to work on with your coach?

How would you describe your ideal personal coach?

What are your scheduling preferences (days and times you are most available)?

Additional comments:

### **PHYSICAL ACTIVITY**

Describe your current level of activity:

Describe any fitness programs or physical activities you have engaged in during the last 10 years and describe the results and lessons, if any, were learned:

Current limitations on physical activity (e.g., knee injury prevents walking):

Previous limitations on physical activity (over the last 10 years):

Do you currently engage in any of the following exercise programs or activities?

- Aerobics (fast walking, jogging, biking, etc.)
- Stretching
- Strength Training (weight lifting)
- Other: \_\_\_\_\_

Describe your exercise routine in the past week:

Describe type and minutes or hours of weekly recreational physical activities (such as social dancing, gardening, yard work, walking from train station to job):

Describe efforts to incorporate more activity in daily life (such as taking the stairs instead of the elevator; parking once for errands and then walking):

Physical activities enjoyed most:

Physical activities you enjoyed as a child or younger adult:

Physical activities you dislike:

Physical activities you would like to try:

Please list fitness equipment you own:

Describe how you use that equipment or used it in the past:

Do you currently belong to a health club or regularly participate in classes:

**NUTRITION**

Typical weekday meals:      Breakfast  
  
   Lunch  
  
   Dinner  
  
   Snacks

Typical weekend meals:      Breakfast  
  
   Lunch  
  
   Dinner  
  
   Snacks

Time of day snacks are eaten: \_\_\_ Morning  
   \_\_\_ Mid-morning  
   \_\_\_ Afternoon  
   \_\_\_ Mid-afternoon  
   \_\_\_ Evening  
   \_\_\_ Late night

Daily liquid intake (# of 8-ounce glasses typically consumed each day):

Non-alcoholic: \_\_\_ Water  
   \_\_\_ Milk (circle % fat: 0% 1% 2% 4% half & half)  
   \_\_\_ Juice or Sports Drinks  
   \_\_\_ Diet Soda  
   \_\_\_ Regular Soda  
   \_\_\_ Regular Coffee  
   \_\_\_ Decaf Coffee  
   \_\_\_ Regular Tea  
   \_\_\_ Decaf Tea  
   \_\_\_ Herbal Tea  
   \_\_\_ Other

Alcoholic Weekday: \_\_\_ Beer  
   \_\_\_ Wine  
   \_\_\_ Liquor

Alcoholic Weekend: \_\_\_ Beer  
   \_\_\_ Wine  
   \_\_\_ Liquor

List your favorite foods:

List the foods you dislike:

Describe your intake of fast foods and processed foods:

List any vitamins and supplements you are currently taking and their effect on your health:

How often do you eat in restaurants in a typical week, and what type of restaurants do you go to?

What do you typically eat at restaurants?

List any weight-management program tried in the last 10 years:

Describe any food allergies and prohibitions (e.g., no red meat, lactose intolerance):

What dietary habits would you like to change?

### **ENERGY LEVEL AND METABOLISM**

Last foods typically consumed before peak energy time:

Last foods typically consumed before lowest energy time:

Time of day when energy level is highest:

Time of day when energy level is lowest:

Describe digestive problems, if any:

Likely cause of digestive problems, if known:

Foods that give you the highest short-term energy boost:

Foods that make you sluggish:



## **STRESS MANAGEMENT**

Describe your general level of stress:                      Low    Medium    High

Describe the impact daily stress has on your health: Low    Medium    High

Describe in detail your typical weekday schedule (time you wake up, work schedule, evening activities):

Describe in detail your typical weekend schedule (time you wake up, evening activities):

How do you feel when you wake up most mornings?

How do you feel when you go to sleep most nights?

Describe sleep problems:

Describe likely cause of sleep problems:

Describe and rank the things that cause you the greatest stress:

Describe the measures to reduce stress in your life that you have tried over the past ten years, and the results and lessons learned:

Are you willing to participate in stress-reduction activities? Yes    No    Maybe

Describe the activities that give you the most enjoyment, satisfaction, or sense of well-being:

Describe any other obstacles to improving your health that you believe you have:

**MEDICAL HISTORY**

Do you ever experience an irregular or racing heart rate during exercise or at rest?

Are you pregnant?

Are you over the age of 65 and not accustomed to vigorous exercise?

Has a doctor ever said that your blood pressure is too high?

Is there a good reason not mentioned above why you should not follow an activity program?

If yes, please explain:

Do any of the following conditions exist currently or in the past?

	<u>Taking Medication</u>	<u>Under Control</u>	<u>Family History</u>
High cholesterol	_____	_____	_____
Low HDL/LDL ratio	_____	_____	_____
Atherosclerosis	_____	_____	_____
Angina	_____	_____	_____
Compulsive overeating	_____	_____	_____
Bulimia	_____	_____	_____
Anorexia	_____	_____	_____
Acid reflux	_____	_____	_____
Excessive gas/indigestion	_____	_____	_____
Cancer	_____	_____	_____
Rheumatoid arthritis	_____	_____	_____
Osteoarthritis	_____	_____	_____
HIV	_____	_____	_____
Asthma	_____	_____	_____
Emphysema	_____	_____	_____
Back Pain	_____	_____	_____
Injuries	_____	_____	_____
High blood pressure	_____	_____	_____
Osteoporosis	_____	_____	_____
Anemia	_____	_____	_____
Concussion	_____	_____	_____
Epilepsy	_____	_____	_____
Eye problems	_____	_____	_____
Hypoglycemia	_____	_____	_____
Kidney problems	_____	_____	_____
Thyroid problems	_____	_____	_____
Ulcers	_____	_____	_____
Inflammatory bowel disease	_____	_____	_____
Neck strain	_____	_____	_____
Stroke	_____	_____	_____
Spinal cord damage	_____	_____	_____
Vertebral disc problems	_____	_____	_____
Peripheral artery disease	_____	_____	_____
Other	_____	_____	_____

Are you diabetic?

Do you often feel faint or have spells of severe dizziness?

Do you have a bone or joint problem that is made worse by exercise?

Do you suffer any chest discomfort with exertion, and have you ever suffered chest pain with an increased activity or at rest?

Do you use tobacco?

Have you used tobacco in the last 10 years?

Has your doctor ever said you have heart trouble or any cardiovascular problems?

Have you ever suffered a heart attack?

Do you often have trouble breathing?

Is your doctor currently prescribing any drugs for any heart condition including rhythm, blood pressure, coronary artery disease, or high cholesterol?

Has any family member died of a heart attack before age 50? Include your parents, grandparents, and siblings.

What is your most recent blood pressure reading? When was it taken and by whom?

What is your current resting heart rate?

Have you been diagnosed as having bradycardia (too low of a heart rate) or tachycardia (too fast of a heart rate)?

What is the date of your last complete physical examination?

List surgeries that you had, including any operations on your back, eyes, hernia, bones, heart, kidneys, neck, ears, lungs, etc.

Have you had any surgeries in the past three months? If so, what type?

List current medications, if any:

Have you any limitations in your range of motion of any of your limbs, or your torso?

## Live Joyfully Health and Wellness Coaching

Name:

Address:

Phone:

Alternate Phone:

Email:

Birthday:

1. Please rate your satisfaction with your life in the following areas  
(1 – worst, 5 – best)

Emotions

Relationships

Sexuality

Body

Work

Money

Spirituality

2. What one thing do you want more of in your life right now?

3. What one thing do you want less of in your life right now?

4. List three things you are tolerating right now in your personal life.

5. List three things you are tolerating right now in your work life.
  
6. What's one thing you would like to achieve but aren't sure how to do it?
  
7. Listed below are some typical results experienced by coaching clients. Which 3 are most important to you? (direction, focus, accountability, a new perspective, relationship success, strategies, better finances, motivation, new challenges, other-please list)
  
8. How well do you keep your commitments when taking advice or working with someone towards your goals? (very, moderately, not too much)
  
9. How do you like to be supported when hitting challenges in your personal growth or thought process (have a good listener; strategize with someone; work with a devil's advocate, work with guided visualization, journal, etc. If you're not sure, you can write that too.)?
  
10. Do you have any specific goals and/or intentions for this program?
  
11. How committed are you to making this program work for you?