

Stacie Crochet
4949 Lewis River Rd. Woodland, WA. 98674
512-921-5925 stacicro@gmail.com

Welcome! I am delighted to be your coach and look forward to supporting you in creating the career and life that you envision. Here is some important information that will ensure the logistics run smoothly, so that we can focus on your forward progress. If you have any questions or comments regarding these, we can discuss them further.

Participant Informed Consent and Waiver of Liability

I acknowledge that I am voluntarily participating in Health and Wellness Coaching with Stacie Crochet. I acknowledge and understand that I am responsible for all aspects of my health and well-being. I further recognize and understand that the instructions and advice presented to me during the coaching are in no way intended as substitutes for medical and/or other professional counselling. If I have any health concerns that may interfere with my participation in the coaching, I understand that I should consult my healthcare provider before beginning Coaching. If I experience pain or difficulty that is cause for concern, I understand that I should stop immediately and consult my healthcare provider before continuing on with Coaching. I recognize, understand, and assume all risks associated with my voluntary participation in the coaching, including, but not limited to, those risks that may result in personal injury and death. In giving my informed consent to participate in the coaching, I hereby release Health and Wellness Coaching with Stacie Crochet from any and all claims, now or in the future, that I may have as a result of my voluntary participation in the coaching. I agree that I have read and fully understand the above statements.

I Agree _____
Signature/Date

Cancellation Policy and Agreements

1. Stacie Crochet has a strict 24 hour notice policy for cancellations or changes of scheduled appointments. Clients will be charged the full rate for cancelling or missing appointments with less than 24 hour notice.
2. Be on time for all sessions. If you are late for your appointment, it will still conclude at the scheduled time.
3. Please turn your cellphone ringer to silent during all appointments.
4. All information that you share will be held as confidential.
5. It is your responsibility to let me know if there are any specific goals or topics you would like to discuss or explore.
6. It is your responsibility to let me know if you are currently in therapy or under the care of a mental health professional.
7. I understand that coaching does not involve the diagnosis or treatment of mental disorders as defined by the American Psychiatric Association. I understand that coaching is not a substitute for counselling, psychotherapy, psychoanalysis, mental health care or substance abuse treatment and I will not use it in place of any form of diagnosis, treatment or therapy.
8. Fees are paid in advance either by cash, check or Paypal. Services must be paid in advance, or they cannot be provided.

I Agree that I have read & fully understand the above statements.

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Signature/Date

CLIENT INFORMATION

Name: _____

Date of Birth: ____/____/____ Age: _____

Partner's Name: _____ Date of Birth: ____/____/____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ May I leave a message? Yes No

Work Phone: _____ May I leave a message? Yes No

Cell: _____ May I leave a message? Yes No

Email Address: _____ May I email? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Gender: __ Male __ Female Ethnicity: _____

Marital Status: ____ Single ____ Married ____ Divorced ____ Separated ____ Widowed

Employment Status: __ Full-Time __ Part-Time __ Student __ Unemployed __ Disabled __ Other

Employer: _____ Position/Occupation: _____

Emergency Contact Name & # _____ Relationship to Client: _____

Who referred you: _____

Client Signature: _____ Date: _____

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