

# Couples Coaching – Entrance Form

**PLEASE PRINT NEATLY!**

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name (what you prefer): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_

Partner's Last Name: \_\_\_\_\_ Partner's First Name: \_\_\_\_\_

Partner's Address (if different): \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Partner's Home Phone: \_\_\_\_\_ Partner's Work Phone: \_\_\_\_\_ Partner's Cell: \_\_\_\_\_

Partner's e-mail address: \_\_\_\_\_ Partner's Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_

How did you hear about Couples Coaching? / Who referred you?  
\_\_\_\_\_

What is your main reason for exploring this services? / What is your primary objective?  
\_\_\_\_\_

Circle and explain if you are currently taking any of the following:

Prescription drugs      Non-prescription drugs      Herbs      Homeopathic Remedies      Supplements

Do you smoke? Yes/No      Do you drink alcohol? Yes/No      Do you drink coffee or tea? Yes/No

Hours of sleep per night: \_\_\_\_\_ Circle your quality of sleep: (Excellent / Good / Average / Sporadic / Poor)

List any history of significant relationship trauma (give dates):  
\_\_\_\_\_

List any history of significant emotional trauma (give dates):  
\_\_\_\_\_

Concerning your current relationship, have you had any prior life coaching, counseling, or psychotherapy? Yes/No

List additional resources you use for personal and professional growth:  
\_\_\_\_\_

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

On a scale of 0-100, grade your overall satisfaction in the following areas: Your Relationship      Personal Growth

Financial Independence      Life Contentment      Time Management      Physical Appearance      Career Path

Please include any additional information that will be helpful for understanding you better your relationship better:  
\_\_\_\_\_

**STATEMENT OF OBJECTIVE/AGREEMENT:**

The purpose of this side of the form is to clearly state the objective of Couples Coaching. Initial each statement in the space provided to the left to indicate your understanding of 1) the services of Couples Coaching and 2) the obligations you have to yourself:

- \_\_\_\_\_ I, the undersigned, understand that Couples Coaching focuses exclusively on a unique form of wellness education to help me and my partner develop strategies for taking better care of our relationship.
- \_\_\_\_\_ I understand that Couples Coaching is NOT an alternative to professional therapy or counseling.
- \_\_\_\_\_ I understand that all services are informational and not intended to cure any person or situation.
- \_\_\_\_\_ I understand that Michael A. Scimeca is a licensed chiropractor who chooses to practice Couples Coaching.
- \_\_\_\_\_ I understand that Michael does NOT name or treat symptoms or conditions of any kind.
- \_\_\_\_\_ I understand the objective of Couples Coaching is to help me and my partner achieve a greater level of well-being in relationship independent of any mental/physical symptom(s) and condition(s) we may be experiencing.
- \_\_\_\_\_ I understand that Michael does NOT discourage me or my partner from seeking a diagnosis and treatment for any symptom(s), condition(s), or ailment(s) we may be experiencing.
- \_\_\_\_\_ I fully understand that Couples Coaching is NOT treatments of any kind.
- \_\_\_\_\_ I understand that I am fully responsible in how I choose to use the information I attain from Couples Coaching.
- \_\_\_\_\_ I shall not confuse the services I receive from Couples Coaching with fulfilling any responsibilities I have toward myself in receiving conventional care expeditiously for any known or unknown condition(s) I may have.
- \_\_\_\_\_ I fully understand that Michael practices the art of living well, NOT the art of diagnosis and treatment.
- \_\_\_\_\_ I understand that Couples Coaching is an educational service intended to promote new ways of interacting.
- \_\_\_\_\_ I understand that the services provided during Couples Coaching is limited to offering educational/motivational support.
- \_\_\_\_\_ I understand that any suggestions or recommendations I may receive from Couples Coaching is neither prescriptive advice nor a replacement for professional counseling or therapy.
- \_\_\_\_\_ I understand that I should address any mental health concern(s) I may have with a licensed mental health professional.
- \_\_\_\_\_ I understand that if I have a mental illness or chronic psychological problem (including but not limited to chronic depression and uncontrollable anxiety) that it is recommended I seek professional help from a properly licensed medical professional.
- \_\_\_\_\_ I understand that all actions I take, including the choice to explore Couples Coaching, are purely of my own volition.
- \_\_\_\_\_ I understand that I have the sole responsibility to present question(s) or concern(s) I may have regarding policies, procedures, and objectives.
- \_\_\_\_\_ I understand that a questionnaire may be used to monitor my relationship improvements.
- \_\_\_\_\_ I understand that my sole remedy for dissatisfaction is to stop using the service of Couples Coaching.
- \_\_\_\_\_ I understand Michael cannot be held responsible/liable in any way for decisions I make as a result of Couples Coaching.
- \_\_\_\_\_ My use of information obtained through Couples Coaching certifies that I have read this entire Statement of Objective/Agreement and hereby for myself, my heirs executors and assigns, waive, release and hold harmless Michael A. Scimeca from any and all claims, demands, liabilities, rights, or causes of action arising out of or in connection with participation in coaching activities.
- \_\_\_\_\_ I agree to defend, indemnify, and hold Michael A. Scimeca 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.
- \_\_\_\_\_ I am signing this Statement of Objective/Agreement voluntarily and not under duress of any kind.
- \_\_\_\_\_ I, the undersigned, choose to explore Couples Coaching for educational purposes to learn of a unique approach for enhancing my relationship.
- \_\_\_\_\_ I understand that, unless prior arrangements have been made, payment is due in full at the time services are rendered.
- \_\_\_\_\_ My signature below indicates my understanding and acceptance of all the above.

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