

**Awen Therapy, LLC
Jay Blevins, LMFT
2564 Branch St, Ste B5
Middleton, WI 53562
www.AwenTherapy.com**

Client Information Form

Name _____ Date of Birth _____

Address _____

Email address _____ Can I email you? ___Yes ___No

Home Telephone _____ Can I call you there? ___Yes ___No Can I leave a message? ___Yes ___No

Work Telephone _____ Can I call you there? ___Yes ___No Can I leave a message? ___Yes ___No

Cell Number _____ Can I call you there? ___Yes ___No Can I leave a message? ___Yes ___No

Preferred pronouns ___She ___He ___They ___Other: _____

Referral Source:

What concerns bring you to see me?

What would you like to see happen as a result of coming here?

What have you tried on your own to change this issue (s)?

Have you been to see other coaches or psychotherapists? ___Yes ___No

If so, what worked successfully during the time you were with them?

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Coaching Agreement

1. As a client, I understand and agree that I am fully responsible for my physical, mental and emotional well-being during my coaching calls, including my choices and decisions. I am aware that I can choose to discontinue coaching at any time.
2. I understand that “coaching” is a Professional-Client relationship I have with my coach that is designed to facilitate the creation/development of personal, professional or business goals and to develop and carry out a strategy/plan for achieving those goals.
3. I understand that coaching is a comprehensive process that may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these issues, incorporate coaching into those areas, and implement my choices is exclusively my responsibility.
4. 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 counseling, 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. I understand that Jay Blevins/Awen Therapy is neither licensed as nor acting as therapist, mental health professional, or wellness care provider in the state in which I reside.
5. I promise that if I am currently in therapy or otherwise under the care of a mental health professional, that I have consulted with the mental health care provider regarding the advisability of working with a coach and that this person is aware of my decision to proceed with the coaching relationship.
6. I understand that information will be held as confidential unless I state otherwise, in writing, except as required by law and/or in the following circumstances -
 - There is reason to believe that I intend to harm another person.
 - There is reason to believe I intend to harm myself.
 - I provide information regarding reportable child abuse of any kind.
7. I understand that certain topics may be anonymously and hypothetically shared with other coaching professionals for training OR consultation purposes.
8. I understand that coaching is not to be used as a substitute for professional advice by legal, medical, financial, business, spiritual or other qualified professionals. I will seek independent professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and my actions regarding them are my sole responsibility.

How Sessions Are Conducted

9. I understand that sessions will be conducted via computer using webcam and microphone. Session information will be emailed prior to each session. Phone sessions may be used with prior agreement.

10. I understand that the initial intake session is 90 minutes and all other sessions are 60 minutes in length.

Fees & Payment

11. I understand that the initial intake session is \$145 and ongoing sessions are \$110. I also understand that ongoing sessions may be pre-paid at a discount of 6 sessions for the price of 5 (\$550).

12. I understand that payment for online sessions must be made prior to the start of the session and may be made by check, cash or charge via US mail, telephone or online at www.awentherapy.com. Checks should be made out to Awen Therapy and mailed to Awen Therapy, 2564 Branch St, Suite B12, Madison, WI 53562.

13. I understand that scheduled sessions must be cancelled 24 hours in advance or the session fee will still be charged.

Client's Name: _____

Client's Signature: _____

Date: _____