



Zoilita Grant MS. CCHt.

Client Data

Please complete these forms and bring **either fax or mail** them back to me prior to our first call or bring to our first in person appointment.

Names:

Address:

City:

Province/State:

Postal/Zip:

Res. Phone:

Bus. Phone:

Cell phone:

Email:

Occupation:

Birthday MO./Day

Referred by:

Coaching Start Date

Hypnotic-Coaching™ Alliance Agreement

Please sign this agreement **and either bring it with you, or fax or mail** the agreement back to me prior to our first call or sign it at our first session:

Fee: Either pay \$150 per hour, \$115 for 45 minute session or please check the plan you selected:

I will pay per hour._____. **I will pay for a 45 minute session**_____.

I have selected Plan A \$540. Fee includes four one hour calls or in person sessions and handouts as needed. _____.

I have selected Plan B \$415. Fee includes four 45 mins calls or in person sessions, and handouts as needed._____.

The fee is paid the first session.

I _____(print name) agree to employ Zoilita Grant at the fee indicated above for the purpose of coaching me on my personal and professional goals. I further agree to the following:

1. I take personal responsibility for the results of my Hypnotic-Coaching TM. Experience.
2. I understand that if I am involved in an on going program my **fee is due on the 5th of every month.**
3. I realize that my commitment is essential to my success.
4. I agree to **give 24 hours notice for any change or cancellation of sessions.** I understand that I will be charged for any missed sessions if I do not give this notice.
5. I will call or visit my coach on time. **I understand that if I am more than 15 minutes late for a call or session my coach will assume I will not be calling and will charge for the call or session.**

6. If involved in an ongoing program, I agree to give my coach with **30 days notice of cancellation of services. I understand that I will be charged 50% of my regular fee if I do not provide this notice.**
7. I understand that the **purpose of my sessions with my coach is to assist me in goals related to my business/career/personal development.**
8. I understand that although my coach is a trained psychotherapist, **she will not be acting in the role of counselor, hypnotherapist or psychotherapist** during our coaching sessions. I further understand that **coaching does not take the place of psychotherapy.**
9. I give my coach **permission to be honest, direct, supportive, and to challenge me.**
10. I understand and agree that **I am fully responsible for my well being, including my choices and decisions.** I understand that **I am always free to reject any advice, suggestions or requests made by my coach** at any time.
11. I understand that my coach will **honor my confidentiality unless required by law to disclose information about me.**
12. I understand that **coaching is not to be used in lieu of professional advice for psychological, legal, financial, medical, tax, or other matters normally handled by other professionals.**

Date of Agreement: _____

Client Signature: _____

Hypnotic-Coach TM. Signature_____

GOALS SHEET

List at least 3-5 goals that you want to achieve with Hypnotic-Coaching™.

- 1.
- 2.
- 3.
- 4.
- 5.

List at least 3-5 goals you would like to accomplish within one year from now.

- 1.
- 2.
- 3.
- 4.
- 5.

List at least 3-5 goals you would like to accomplish within the next 5 years.

- 1.
- 2.
- 3.
- 4.
- 5.