

Megen A. Macdonald, LMHC, LMFT, LLC  
950 S. Tamiami Trail, Suite 202  
Sarasota, FL 34236  
(941) 400-8736

New Client Information

Client Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Employment: \_\_\_\_\_

Household Members

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Information

Highest level of education: \_\_\_\_\_  
Married or In committed relationship? \_\_\_\_\_  
Do you have children? Ages? \_\_\_\_\_  
What activities do you do for fun? \_\_\_\_\_  
How do you relax? \_\_\_\_\_  
How do you take care of yourself? \_\_\_\_\_

What positive changes would you like to see as a result of coaching?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Coaching Agreement

I, the undersigned, hereby voluntarily request to receive services from Megen A. Macdonald, for personal growth and development coaching.

I understand that the services being received are that of personal growth and development, not psychotherapy. While the practitioner, Megen A. Macdonald, is a licensed therapist, she will not be in the role of therapist, but in the role of "life coach".

In the event that the clients needs call for a referral for psychotherapy, an evaluation and referral will be made to support the client's needs.

I understand that the information being shared with the coach, will be held with the strictest of confidence with the exception of the following reasons; 1) You consent in writing, 2) Someone's life or safety is seriously threatened, and 3) Disclosure is required by law.

I understand that I am responsible for the full payment of all services,

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

