### ***Life Coaching Consulting form;***

**The patient (guardian) is personally responsible for payment of the account. I am NOT contracted to Medical Aids. Refunds should be claimed by the patient from their insurance (ie medical aid or other medical insurance). Interest will be charged on overdue accounts after 90 days. We require payment for consultations the *same day.* Please discuss any problems concerning fees with my staff or me. Quotes for operations will be provided.**

**First Consultations (New Patients) $ 45.00. 30-40 min**

#### HOW DID YOU ABOUT US? ............................……………………………………………

**PATIENT'S FIRST NAME & SURNAME: ...............................................................................................**

**ADDRESS: ...........................……………………………………………**

**…**

**TEL(H)............................………TEL (W):…..………………………CELL:………………………………….**

**EMAIL ADDRESS : ...............................................................................................................................**

**LAST 4 SOCIAL** **:……………………………………. DATE OF BIRTH : ……………………………**

**NAME OF PERSON PAYING ACCOUNT:**

**ADDRESS: .........................…………………………………………**

**............................………………………………………**

**EMPLOYER: ............................………………………………………..**

**MEDICAL AID / INSURANCE: …………………………………………………………….**

**MEDICAL AID NUMBER: …………………………………………………………….**

**REFERRING DOCTOR: ........................……………**

**DOCTOR’S ADDRESS & TEL NO: ……………………………………………………………..**

**Email: ……………………………………………………………..**

**NEAREST FAMILY/FRIEND:……………………………RELATIONSHIP:…………………………………**

**NOT LIVING WITH YOU**

**ADDRESS: .........................…………………………………………**

**………………………………. zip ……………………..**

**TEL:………………………………………….……………**

I CERTIFY THAT I HAVE READ AND ACCEPT THE ABOVE INFORMATION

**I HEREBY CONSENT TO THE DISCLOSURE OF ICD-10 CODES ON MY BEHALF**

#

**SIGNATURE….…………………………………………DATE………………………………………………….**  PLEASE FILL IN PAGE TWO

# Patient’s general back ground info.

Name:

1. What would you like your session goals to revolve around?

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1. What is the most difficult pain point in life?

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1. Tell me of some good wins this week - or other monumental wins in your life :
2. How many sessions have you had in the past (+-), and what kind of coaching was it?

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(ie; inner child, compassion method, therapy, psychological, trauma counseling etc)

Once complete - please email this form to; coach@zionascent.com

Welcome to Zion Ascent coaching platform, this is safe place. A place of healing, where you will feel the love of God, a place to encounter the Holy Spirit working in and around you.

Open yourself to his mighty Spirit so he can heal, renew and give life to areas once thought to be unfixable, but with his love, all things can be renewed and changed.

No one knows precisely how our minds work, and no two people are identical. In the practice of coaching, there is no way to guarantee absolute accuracy of diagnosis, recovery of function, or any other measure of outcome. This is a journey between you and God.

We appreciate the opportunity to help work with you, to achieve the best possible results, please take an active part in building your relationship with the Spirit of the Living God. Read his word daily, spend time in his presence, worship him in your way, be willing to learn anything he is teaching you, come before in prayer often, always offer prayer for others. Take part in communion and understand Fathers laws are for your benefit and his. Build up your spiritual armor. Build into the community of believers in your local church and around the world.

And always know that God works everything for our Good, he is the most Loving Parent you will every encounter. By his grace we are saved (through Jesus), and on this journey together we step closer and closer to him.