

Jacklyn Marcus, Ph.D
2225 Broadway Suite B
Santa Monica, CA 90404
310-714-8809



Agreement

Name: _____

Address: _____

City

State

Zip

Home Phone: _____ Cell: _____

E-mail: _____ Referred by: _____

What goals and desired outcomes do you wish to achieve from life coaching?

Are you now, or have you recently been, under the care of a psychiatrist or psychologist?

If yes, please give the general dates of treatment: _____

Please list medications (and dosages) you are taking currently:

Appointment cancellations need to be made 24 hours in advance to avoid being charged for the session. If there is a logistical problem, phone sessions are often a viable alternative.

Session Rates: First Session: \$75.00
Individual: \$130.00
Series of 4: \$425.00

Payments are to be made at the beginning of the session.

All Client Information provided to the Coach will be kept confidential.

It is important to be aware that as one moves through some of the previously "stuck" places, it may seem confusing and uncomfortable as old "thought muscles" are stretched and encouraged to respond in more resourceful ways. This period is usually short and allows for lasting changes to be made. The Coach's goal is to impart the skills and tools for your on-going success.

Please indicate by your signature below that you understand and agree to these coaching terms and office policies.

Signature _____ Date _____