



John Smith, BA, MDIV, CPLC
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NEW CLIENT INTAKE FORM

Name: _____ Date: _____
Address: _____
Phone: _____ Email: _____
Date of birth: _____ Sex: _____ Marital status: _____
Occupation: _____ Length of Employment: _____
Average hours worked per week: _____ Are you satisfied with your job? _____
Education: _____ How did you hear about us? _____

Preferred method of contact _____
May we contact you as needed by email? yes no
Are we able to text messages to you? yes no
May we leave messages on your mobile or home phones? yes no
May we subscribe you to the Heart Peace monthly email newsletter? yes no

Emergency Contact

Name _____ Relation _____
Phone Number _____

Relational Information

Are you Content with Your Current Relational Status: _____ If no, explain: _____
_____ How Long have you been in current relationship: _____
Number of Previous Marriages for You: _____ Number of Previous Marriages For Partner: _____
If Separated or Divorced, How Long: _____ If Widowed, How Long: _____ Reasons for Divorce: _____
_____ Partner's Name: _____ Partner's
age: _____ How Long you've known your partner: _____ Partner's Occupation _____
How Would you Describe Your Partner: _____

Reasons for entering treatment

What is your motivation for seeking help? _____ What do you hope to get out of
your counseling/coaching sessions at this time? _____

TERMS OF SERVICE

I accept full responsibility for payment of any balance incurred for Services. I understand that payment is due at the time of the session. I understand that same day cancellations will result in a **fee of \$50.00**. This is necessary regardless of the reason for the cancellation as the reserved hour cannot be used. **NO SHOW visits are charged FULL PRICE**. I am giving consent for treatment of counseling/life coaching therapeutic services by Heart Peace Counseling Center staff and clinician(s).

Signature: _____ Date: _____
Guardian (if client is a minor): _____ Date: _____

Life Coaching Assessment

On a scale of 1 to 10 with ten being the highest, circle the number that represents how you would describe yourself.

	Not at all	Somewhat	Above Average	Agree
I am optimistic.	1 2	3 4 5	6 7 8	9 10
I am satisfied with my life.	1 2	3 4 5	6 7 8	9 10
I am satisfied with my health.	1 2	3 4 5	6 7 8	9 10
I am satisfied with my financial situation.	1 2	3 4 5	6 7 8	9 10
I am satisfied with my social life.	1 2	3 4 5	6 7 8	9 10
I feel good about my personal relationships.	1 2	3 4 5	6 7 8	9 10

1. What are your three most significant accomplishments?

2. What are your three most significant disappointments?

3. Describe your top three strengths.

4. Describe your most aggravating weakness. _____

5. I am happiest when I _____

6. I feel lowest when I _____

7. How would you describe your state of health? _____

8. How would you describe your state of well-being? _____

9. If I could do anything, I would _____

10. Describe any goal(s) or desire(s) that you have yet to fulfill. _____

11. What has hampered you from achieving your goal(s) or desire(s)? _____

12. People like me because I am _____



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Informed Consent, Client Rights & Release of Liability

Name: (please print) _____

I understand the following:

1. I have the right to decide not to receive coaching from any clinician. If I so wish, clinicians shall provide me with names of other qualified clinicians.
2. In the event the professional coach determines I have issues beyond the scope of the coaching role, the coach may suggest that I seek counseling with a trained professional counselor. Coaching can be done in conjunction with counseling. They are complementary roles.
3. Regular attendance of sessions will produce maximum results; however, I have the right to end treatment at any time.
4. Although I expect benefits from this treatment, sometimes things will get worse before they get better. Although a hopeful outcome is anticipated, during the course of treatment I may experience emotional strain, feel worse during treatment, and make life changes that could be distressing. This can be particularly true with couples coaching.
5. This certified professional coach is not providing an emergency service; therefore, if at any time I become extremely emotionally distressed or am in danger of hurting myself or someone else, I am to **immediately call 911** for assistance. On-call service is not provided at this time. If I am in crisis and cannot reach my therapist and it is not life threatening I can contact **Lifeline of Central Florida, available 24/7 at (407) 425-2624 or (800) 273-8255**.
6. There are **limits to confidentiality**:
 - Any suspicion or report of a client abusing or neglecting a child or vulnerable or aging adult or any client who indicates knowledge of a child or vulnerable adult being in danger of abuse will be reported to the appropriate social service or law enforcement authority.
 - Clinicians are also required to report admitted ongoing prenatal exposure to controlled substances.
 - When a client expresses intention or plan to harm another person life coaches are required by law to warn the intended victim and to report this information to law enforcement. In the case of a client who discloses a plan for suicide, the life coach may contact law enforcement to initiate a Baker Act in the State of Florida which allows for up to 72 hours of involuntary commitment to a mental health facility for those deemed a danger to themselves or others.
 - Insurance companies and third-party payers are given information that they request regarding services to clients in order to approve payment claims. Insurance companies also require a mental health diagnosis. For clients not using insurance, no information will ever be given the insurance company.
 - Heart Peace administrative billing staff under signed oaths of confidentiality, have limited access to the minimum amount of information required by online record keeping services and merchant payment processing accounts. They do not have access to progress notes or treatment plans.
 - If a bill for services rendered is 30 days outstanding, a bill will be sent to the address on file before being sent to collections and we will be unable to render services until payment is made.
 - Heart Peace cannot guarantee the protection of any information sent through electronic means such as texting, emailing, phone messages, or online although we will make every reasonable attempt to do so.
 - If a court of law issues a legitimate subpoena, the clinician is required to provide information specifically described in the subpoena.
7. I waive any right I may have otherwise to seek to use my client records with Heart Peace Counseling Center, except as may otherwise be agreed upon in writing, in any judicial proceeding or to compel the testimony of any counselor. If testimony is required, I agree to pay twice the normal hourly rate for any, and all, of this life coach for their testimony, and preparation therefore.
8. I hereby release and forever discharge and covenant not to sue or hold legally liable Heart Peace Counseling Center or any of its staff from any and all claims, damages, demands, actions, or causes of action whatsoever related to the life coaching process.

My signature below indicates that I have read and agree with the above and grant informed consent for **John Smith, BA, MDIV, CPLC** with **Heart Peace Counseling Center** to provide professional life coaching services to myself and/or minor members of my family.

Client Signature: _____ Date: _____

Signature of Legal Guardian (if applicable): _____ Date: _____

Credit Card Authorization Form

Client Name: _____

Name on Card: _____

Type of Credit Card (MasterCard or Visa): _____

Credit Card #: _____

Expiration Date: _____ 3 Digit Code #: _____

Billing Zipcode: _____

I, _____, authorize

Heart Peace Counseling Center

to bill my credit card. There is a \$50 reservation fee/office fee for any same day cancellations or no show appointments.

Client Information Update Form

Kindly Fill out this form for us so that we have quick reference to your contact information for billing purposes.

First Name _____

Last Name _____

Suffix _____

Mobile Phone _____

Alternate Phone _____

Email Address _____

Address _____

Emergency Contact

Name _____

Relation _____

Phone Number _____

(Please update us with any changes to your contact information throughout the course of your treatment)

Directions to Heart Peace Counseling Center

112 W. New York Ave, Suite 205/215 Deland, FL 32720

www.heartpeacecounseling.com

Coming from Orange City/Deltona directions, Take Woodland Blvd towards Deland. When you come into downtown Deland you can make a left at Howry (a traffic light) and then a right on Florida Ave, then another right onto New York Ave (traffic light). The office is on the right in The Conrad Building. If you pass Woodland Blvd you've gone too far. You can park along the street or make a right onto Artisan Alley to park beside or in back of the building. There are also free 3 hour parking lots on the corner of Florida Ave and Howry and the corner of Georgia Ave and Woodland Blvd.

Coming from Stetson, Take Woodland through downtown Deland. When you get near the end of downtown you will make a right at Howry (a traffic light) and then follow the directions above.

Some landmarks: Our office is in the Conrad Building which is the same building of The Beacon newspaper. You will see signs for The Beacon. Across the street is the beautiful Old Courthouse with clock tower and Chess Park. There is a blue mural on the wall across the street with WWII fighting jets. We are between Woodland Blvd and Tony's Pizza. Our office is near the corner of Woodland and New York Ave.

We are 112 WEST New York. I believe that mapquest gives directions sometimes to an EAST New York so be aware of this! :) You can always call or text if you have any difficulties.

Once you arrive to 112 W. New York, you will find two separate door entrances to get upstairs with your choice of stairs or elevator access. Our offices are upstairs. 205 is to the left and 215 is to the right. John will designate which office you are meeting in.

Feel free to arrive early and enjoy the ambiance of downtown Deland with its shops and coffee bistros. The Nest is directly behind us in Artisan Alley and Boston Coffee shop and Trilogy coffee shops are within walking distance.

Thank you for choosing Heart Peace Counseling Center!

We look forward to meeting you!