



Client Data & Coaching Terms of Agreement

Please complete this agreement, review the terms, sign & fax to 708.827.1719, along with your completed credit authorization. Thank you!

CLIENT DATA:

Client Name _____

Address _____

Day Phone _____

Evening _____

Fax _____

E-mail _____

Children (Names & Ages) _____

Partner's Name _____

Birthday _____

Occupation/Employer _____

COACHING TERMS:

Fees: _____ for _____ sessions per month

Duration of session: approximately _____ minutes per session

Session Day: Monday Tuesday Wednesday Thursday Friday

Session Time: am pm PT MT CT ET other _____

Procedures:

Call (206) 790-3808 for our sessions.

If you call in and get my voice mail, please call back after one full minute.

Please do not leave a message and wait for me to call you back.

I understand that Lori Eastep is not a licensed therapist and that I am responsible for all my decisions, actions and feelings.

Client Signature/Date _____