



Teresa Kline, MA, BCCLC
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New Client Agreement

Mentoring/Coaching services are separate and distinct from Professional Counseling Services. It is the Client's responsibility to seek professional guidance for legal, medical, financial, business, spiritual, or other matters. All decisions in these areas are exclusively the Client's responsibility, as well as all actions taken regarding coaching topics. Further, there are no guarantees of outcomes in working with Teresa Kline as your Mentor/Life Coach.

Mentoring/Life Coaching does not treat mental health disorders as defined by the American Psychiatric Association. Further, Life Coaching is not a substitute for counseling, psychotherapy, psychoanalysis, mental health care, or substance abuse treatment, and is not to be used in place of any form of therapy.

I understand the above statements: _____
Signature **Date**

I acknowledge that I have been honest about my health history, mental health history or previous treatments of substance abuse that may impact my coaching relationship. If I am currently in therapy or otherwise under the care of a mental health professional, I have consulted with this person regarding the advisability of working with a Life Coach and this person is aware of my decision to proceed with the Life Coaching relationship.

I understand that information will be held as confidential unless I state otherwise, in writing. The situations where my Coach would not be held to confidentiality would be:

- if I become a danger to myself or someone else
- if I abuse a minor or an elderly person
- if I am involved in a court case against my Coach

I understand that my Life Coach's style is that of a Mentor and Coach. My completion of post-session exercises and my authentic engagement in sessions will influence the outcomes of sessions and overall Coaching experience.

I give permission to my Mentor/Life Coach to correspond with me via:

E-mail **Phone** **Zoom** **Texting** **Mail**

I have read and agree to the above.

Printed Client Name: _____

Client Signature: _____ Date: _____

*Mentoring & Counseling
Center* 

Teresa Kline, MA, BCCLC

Christian Life Coach

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CLIENT REGISTRATION:

Last/First Name: _____

Home Address: _____

_____ **Zip Code:** _____

Phone/Cell: _____ **Phone/Home:** _____

Email Address: _____

Age: _____ **Date of Birth:** ____/____/____

Have you ever been to Counseling? _____ **Prior Mental Health Diagnosis?** _____

Check all that apply: Diagnosed with Diabetes: _____ **Thyroid Condition:** _____

Recent major illness? _____ **Additional health concern?** _____

How did you find us: _____ **Internet Search** _____ **Friends/Family Referral**

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Have you ever worked with a Life Coach before? _____

In general, what prompted you to seek out a Life Coach and what do you hope to accomplish as a result of working with Teresa Kline as your Mentor/Coach?

