



Expect Success Inc.  
Peter G. McGourty, LPC  
Counseling, Life Coaching &  
Business Consulting

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## Expect Success, Inc.

### Life Coaching Intake Form

Today's date: \_\_\_ / \_\_\_ / \_\_\_

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#### Contact & General Information:

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Sex:  M  F SSN# ---or--- ID # \_\_\_\_\_

Phone:

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Do you have internet access?  Yes  No Email address: \_\_\_\_\_

Country of origin: \_\_\_\_\_

Do you speak any other languages? If so which ones? \_\_\_\_\_

Do you have any hobbies or past times? Please list:

\_\_\_\_\_

\_\_\_\_\_

How did you learn about Expect Success Inc.? \_\_\_\_\_

Nearest relative, other than spouse: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Emergency contact:** Please give the name and phone # of someone I may reach in the event of an emergency, or if I need to reach you urgently and cannot:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Please list all others living in your residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment**

Employed:  Yes  No                      Company name: \_\_\_\_\_

Your position: \_\_\_\_\_                      Length of time in that position: \_\_\_\_\_

\_\_\_\_\_

**Financially Responsible Person's Information: (if different than above)**

Client's relationship to the insured:     Self\*\*             Spouse             Child             Other

*\*\*If you checked "self" then you (the client) not need to repeat the following information already requested.*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone:

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Insured's Address:

\_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Sex:  M  F                      SSN# ---or--- ID # \_\_\_\_\_

\_\_\_\_\_

**Medical Information**

Describe your health status:

\_\_\_\_\_

Primary care physician: \_\_\_\_\_ phone #: (\_\_\_\_) \_\_\_\_\_

May I have your permission to communicate with your physician if it seems advisable?  Yes  No

List current medications and dosages, and how long you have been taking each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Academic History**

Level of Education:  High School  College 2yr  College 4 yr  Other \_\_\_\_\_

Degree obtained: \_\_\_\_\_

Name of institution: \_\_\_\_\_

**Therapeutic**

Have you ever been in therapy before?  Yes  No

If so when? For how long? With whom? Issues worked on? (Continue on back if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the areas you would like to address, if possible numbering them in order of priority

- |                   |                            |
|-------------------|----------------------------|
| ____ Relationship | ____ Addictive tendencies  |
| ____ Emotional    | ____ Health related issues |
| ____ Behavioral   | ____ Stress and anxiety    |
| ____ Work issues  | ____ Depression            |
| ____ Finances     | ____ Other _____           |
| ____ Parenting    |                            |

Are you willing to do assignments in between our sessions?  Yes  No

Do you prefer to receive assignments?  Yes  No

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**Optional:**

Do you have a religious affiliation?  Yes  No If so what? \_\_\_\_\_

What socio-economic do you fit in to?

Gross annual salary:

\$25,000-\$50,000     \$50,000-\$75,000     \$75,000-\$100,000     \$100,000-\$150,000     \$150,000+

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**Financial Agreement**

Your fee per sessions is \$ \_\_\_\_\_

(Fees are subject to change every 6 months)

**Discounts**

A full coaching program generally runs 12 sessions. You may choose sessions to pre-pay in sequences of 3 sessions for a 10% discount. For each additional sequence you will receive an additional 10% discount. You are not required to attend your sessions, even if you pre-pay. You are however, required to give 24 hours notice of cancellation or you will be charged for that session. Any unused pre-paid sessions will be refunded.

3 session fee: \$ \_\_\_\_\_

6 session fee: \$ \_\_\_\_\_

9 session fee: \$ \_\_\_\_\_

12 session fee: \$ \_\_\_\_\_

Sessions are 60 minutes unless otherwise agreed upon. Your time has been reserved for your. 24 hours notice is required for cancellation or you will be charged the regular session fee.

Payment is due in full at the time of each session. You may pay by cash, check, or have your online banking service send a check to our office.

Charges will be added to your account for other professional services with you authorize, such as phone contacts (over 5 minutes), preparation of special forms, reports, court time, driving time, etc. The fee for these services is the same as your agreed upon fee above, per quarter hour increments. Fees are subject to change every six months.

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**Confidentiality Statement:**

All information shared in session is confidential except in circumstances governed by the laws including the mandatory reporting of alleged harm to self or others, and in the case of child, disabled person, or elder abuse. I am required by law to report such confidences to the proper authorities.

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**Coaching Goals:**

Coaching is a service which therapists with specialized training are equipped to provide. It is designed primarily to assist clients in goal achievement. Coaching is different than traditional psychotherapy, and while it may include therapeutic techniques, it is not psychotherapy. If during the course of coaching, we find that you would benefit from psychotherapy or medical services, I will make a referral for you. If you choose to seek psychotherapy services in addition to your coaching, I have found that it is more effective if provided with a different therapist. Please let me know if you are seeing a therapist concurrently with coaching. If you would like me to confer with your therapist, you will need to sign written authorization.

Briefly state your goal(s) for your coaching program:

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**Venue:**

I would like to authorize the following type(s) of coaching. My coach has explained the pros and cons of each venue.

- Face to face in coach’s office
- Face to face in my office
- Face to face in other location
- By telephone
- By Internet/email

**Statement of Understanding:**

My coach has reviewed this client-coach agreement with me and explained it to me so that I understand.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COACH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN IF MINOR

\_\_\_\_\_  
DATE