



Erik Bohlin, M.A.

COACHING AGREEMENT

Thank you for choosing me and welcome. I am pleased to serve you and do my best to help you get to your recovery goals.

What is Recovery Coaching?

Coaching helps the client move and work towards achieving a recovery goal. It gives you the tools, wisdom, encouragement and support to move ahead. Coaching is different from counseling. Counseling involves the healing process in a supportive office setting. It sometimes involves diagnosis, issues from childhood and some difficult situations like depression, anxiety, or abuse. Coaching has similar goals, but approaches it with less emotional involvement, more tools and moves more toward the future. Recovery coaching is about helping people learn the skills and what work they need to do to acquire sobriety, relief from compulsive behaviors and recovery from codependency.

Here are some of the differences

Counseling	Coaching
• Past oriented • Involves diagnosis • Confidential • Partnership between client and therapist	• Future oriented • Involves goal • Confidential • Partnership between client and coach • Tools and information

CONFIDENTIALITY: I will carefully guard and maintain your right to confidentiality. Only when you give your express written permission is confidential, professional communication given to another individual who requests such information. Although confidentiality and privileged communication remains the rights of the client, state and local laws hold counselors and possibly coaches responsible to report to the appropriate authorities all cases of child abuse, incest and molestation. And if an individual communicates an intent to harm him/herself or someone else, it is the coach's duty to warn/protect the person(s) involved.

COACHING FEES: The fee for a 60 minute phone session is \$120. The fee for a 90 minute session is \$180.

OFFICE POLICIES:

It is usual and customary for the fee to be paid at the beginning of each coaching session. If it is phone coaching, typically people pay with a credit or debit card, although arrangement can be made to send a check prior to the session. Paypal is also available. Sessions are usually held once a week at first to ensure the greatest change possible. There is a \$15 NSF for all checks returned.

CANCELLATION OF SESSIONS: If you must cancel your session, please do by phone at least 24 hours in advance. Please do not use email for rescheduling for cancellations. This ensures that I can see people if I have an opening. You will be charged for the time reserved when cancellations are received less than 24 hours in advance, except for emergencies.

ERIK BOHLIN'S EDUCATION AND TRAINING:

MASTER OF ARTS, Community and Clinical Psychology, Chapman University, Orange, California, graduated 4.0 GPA

BACHELOR OF ARTS, Behavioral Sciences, Northwest College, Kirkland, Washington, graduated Magna Cum Laude

CERTIFIED PRACTITIONER, Neuro-Linguistic Programming (NLP), Southwest Institute of NLP, Seattle, Washington

MASTER PRACTITIONER, Neuro-Linguistic Programming (NLP), NLP Learning Center, Seattle, Washington

I have read the above information and have had the opportunity to ask any questions coaching program. I also understand that I am financially responsible for the cost of my sessions and that insurance will not cover coaching.

Signature of Client

Date

Signature of Coach

Date

Erik Bohlin, M.A. Coaching Information Sheet

Information Sheet

To help me serve you better, your cooperation in completing this questionnaire will be helpful in providing coaching services for you.

Full Name: _____ Date of Birth : _____

Mailing Address: _____

Street Address

City	State	Zip Code	Email Address
Telephone(s): _____			
home	work	cell	

Check box ☐ if you if you do not wish us to contact you by mail or phone

Age _____ Marital Status: _____ Education: _____

Occupation: _____ Student? _____

How were you referred me? _____

What are you hoping to get from your coaching experience?

PRIOR COACHING, COUNSELING OR PSYCHIATRIC INFORMATION

Have you ever received psychiatric or counseling? _____ If you have, please explain what you worked on and results:

Have you been suicidal? _____ in the past? _____ presently?

MEDICAL INFORMATION

When were you last examined by a Physician? _____

Name of Primary Care Physician: _____

Physician's Address: _____ Phone _____

List any major health problems for which you currently receive treatment: _____

List any medication you are now taking:

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

others (vitamins, supplements) _____

RATE YOUR ISSUES

Please rate yourself in the following areas on a scale of 1 to 10 on how strong you experience this. 1 = really weak to 10 = being real strong.

Happiness	1	2	3	4	5	6	7	8	9	10
Depression	1	2	3	4	5	6	7	8	9	10
Guilt/Shame	1	2	3	4	5	6	7	8	9	10
Drug Use/Alcohol	1	2	3	4	5	6	7	8	9	10
Eating	1	2	3	4	5	6	7	8	9	10
Financial Problems	1	2	3	4	5	6	7	8	9	10
Energy Level	1	2	3	4	5	6	7	8	9	10
Stress	1	2	3	4	5	6	7	8	9	10
Work Problems	1	2	3	4	5	6	7	8	9	10
Motivation	1	2	3	4	5	6	7	8	9	10
Marital Life	1	2	3	4	5	6	7	8	9	10
Family Life	1	2	3	4	5	6	7	8	9	10
Spiritual Life	1	2	3	4	5	6	7	8	9	10

Spiritual Life

1. No church affiliation

2. Church affiliation: _____

3. What is the name of the congregation you belong to?

4. How involved are you in your congregation?

Attendance: Regularly Sometimes Never

5. Have you had recent changes in your spiritual life? If so, please explain

Thank you for taking the time to provide us with this information. This really saves us time and cost to gather all this information. Print this form out and email, fax or mail it to me.
Erik Bohlin, M.A.