

LIFEPULSE CENTER™
for Development & Growth
Faith Nouri, PhD, LPC-S, NCC

NEW CLIENT INFORMATION SHEET
Coaching and Consultation



Name (print): _____ **Today's Date:** _____
(Last) (First) (Middle) **Gender:** _____
(male) (female)

Soc. Sec. No.: _____ - _____ - _____

Date of Birth: ____ - ____ - ____ **Age:** ____

E-mail Address: _____

Referral Source: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Business Name & Address:

Work Phone: _____

Occupation: _____

Highest Academic Degree: _____ **Major:** _____

Emergency Contact: _____

Phone Number: _____

Please help me know you better by responding to the following questions:

Please describe the reason/s for seeking services now.

Please list your goals and the outcomes you wish to see from your coaching experience:

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any obstacles you have noticed in the past related to the above goals:

1. _____
2. _____
3. _____
4. _____
5. _____

Please Note:

Services at LifePulse Center include, but are not limited to psychotherapy, hypnotherapy, life coaching, individual or business/corporate/parenting consultations, as well as play and activity therapy for children and adolescents.

You are responsible for payment of \$110 for 45-50 minute session, \$150 for 90 minute session at the time of service. Because your time is valued, your appointment is strictly reserved for you and a 24 hour cancellation notice is required to avoid a \$50 fee for missed session.

By signing this form, I agree to the above terms.

Signature: _____

Date: _____