



Intake Form

Today's Date	/ /		
Full Name:			
Date of Birth:	/ /		
Address:			
		Post / Zip Code:	
Mobile / Cell Phone:			
Email Address:			
Home Phone:		Service: <i>please circle</i>	Army / Air Force Navy / Government Dept
Work Phone:		Unit:	
Occupation:		Rank:	

In case of emergency call:

Name:			
Phone:			
Relationship:			

How did you hear about my coaching services?

Would you like to be added to my email newsletter? Yes / No

Reason for wanting a Life Coach:			
Other areas of interest:	(Please circle all which apply)		
Career / Work	Wealth / Money	People / Relationships	Health / Wellness
Areas you may wish to improve not listed:			Personal Growth

GP / Primary Care Doctor – Name:

GP / Primary Care Doctor – Phone:

GP / Primary Care Doctor – Address:

Post / Zip Code:

Please list any medication you are currently taking:



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Please list any treatments you are currently receiving from ANY health care provider:	

I, Tim Milne, make the following disclosures:

I am a certified Life Coach.

I am a professional who provides services that are alternative and complementary to the healing arts services licensed by the government / state.

Each client will be interviewed and if it is determined that the services I provide can be of benefit, I will provide services in accordance with the education, training, and experience I have.

I offer the following services:

Coaching - This "is a process that enables learning and development to occur and thus performance to improve. To be successful, a coach requires knowledge and understanding of process as well as the variety of styles, skills and techniques that are appropriate to the context in which the coaching takes place." (Parsloe, 1999)

These services are not licensed by the government / state. The services do not include the practice of medicine or psychology or any other healing art, since I am not a licensed physician.

Tim Milne
Certified Life Coach

If you have any concerns or complaints about the services provided, please speak to me

I, (please print your name) _____, hereby acknowledge that I have been provided with the above information, have read such, and have received a copy of this disclosure.

Client signature:

____/____/____
Date:

A signed hard copy of this document and the others sent to you should be mailed to:

TSLC, Reference 5172, PO Box 6945, London, UK, W1A 6US

You can also email the documents so a session can be scheduled in advance.