

## Solution Oriented Creative Coaching and E-Counselling Services


Welcome to the sign-up page that may begin professional coaching services for you from the privacy of your home. This page has very important information that you must read and fill out completely if you wish to begin coaching services with me. It is my aim to provide you with professional coaching services via email that can ensure your privacy and help meet your needs for change.

To begin I must briefly discuss the limitations to online, internet based coaching services. There are some real limits to conducting coaching over the internet and most involve the coaches inability to see how their clients are responding to therapy and their inability to act in times of crisis. Therefore, if you have one of the following issues we are not able to enter into an online coaching relationship with you:

- o If you are under the age of 18.
- o If you are trying to overcome an eating disorder.
- o If you are currently experiencing violence or abuse.
- o If you have experienced an episode of psychosis.
- o If you have thoughts of suicide.

If none of the above applies to you please confirm this by checking the box directly below and continue filling out the form. If the above does apply to you we encourage you to contact counselling or mental health services in the community in which you live.



I   (your full name) confirm that none of the exclusions listed above would permit me from entering into online coaching services.

**Please fill out the following personal contact and intake information:**

1. Please select your age range:

2. What is your sex?  Male  Female  Transgender

3. Email Address: 

4. Street Address:

5. City/Town:

6. Province/State:

7. Postal Code:

8. Home Phone Number:

9. What is your highest level of education?

10. What is the general nature of your problem?

11. If you selected "Other" above, please describe it briefly below:

12. How long have you had this problem?

12. Have you been in Counselling before?

13. Are you currently taking any medications?

13. If you are presently taking medications, list the names of the medications below.

14. Are you currently misusing drugs or alcohol?

15. With whom do you reside? (i.e. parents, alone, partner & children, etc.)

16. Briefly describe the problem for which you seek coaching.



I understand that the use of every form of Solution Oriented Creative Coaching and Counselling Online Services registration, sign up and payment, is at my own risk. I acknowledge that any action or decision I make following any coaching intervention given to me by Solution Oriented Creative Coaching Services is done so with full knowledge and under my own responsibility. In addition, I state here that I am not contemplating suicide, nor do I have any intention of hurting myself or anyone else. Furthermore, I agree that there are limitations of confidentiality with regard to self harm, harming another person, neglect or abuse of a minor and have read the privacy statement on the Solution Oriented Creative Coaching and Counselling/My Solution Counselling Web site.

Please enter your name below to acknowledge your consent to the above terms:

Full Name: 

Date of Agreement:

Thank you for taking the time to complete this brief intake form. When you are ready to submit the form to the counsellor for review, just click on the submit button below and if the page is successfully sent you will be redirected to our payment page to complete the process.

[Submit Query](#)