

ONLINE CONSULTATION AGREEMENT

Date: _____

Name: _____ D.O.B. ____/____/____

Address: _____
Street City State ZIP

Telephone number: _____ Email address: _____

Are you currently experiencing feelings of:

- (1) Sadness _____ yes _____ no (2) If yes, how often? _____
- (2) Depression _____ yes _____ no (2) If yes, how often? _____
- (3) Suicide _____ yes _____ no (2) If yes, how often? _____
- (4) Anxiousness _____ yes _____ no (2) If yes, how often? _____
- (5) Physical pain _____ yes _____ no (2) If yes, please describe _____

Are you currently having thoughts of harming yourself? _____ yes _____ no

Are you having difficulty sleeping? _____ yes _____ no

Are you currently taking any medication? _____

Medication _____ Dosage _____ Purpose: _____

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What stressful event(s) have you experienced over the past 6 months?

Have you experienced any minor or major changes (birth, death, move, surgery) in the past 2-4 years?

What would you like to accomplish through Online Consultation?

Agreement

I, _____ understand that I am receiving online consultation by means of obtaining advice and guidance on personal issues and setting personal goals for myself. I understand that online consultation is not intended to replace psychotherapy, counseling, or the advice of my physician or therapist. My online coach reserves the right to decline my request for online coaching if she deems that I am suicidal, a threat to myself or others, or under that age of 18 years old. I also understand that there are not emergency services provide through online consultation.

Client signature _____

Date _____