

Dr. Thomas Lucking, Ph.D

Initial Intake Form and Coaching Agreement

408.409.4167 doctorthomaslucking@gmail.com www.ThomasLucking.com

		Client #1	Client #2
Full name			
Date of birth			
Age			
Sex (circle)		Male Female	Male Female
Marital Status (Circle)		Single Married Divorced Separated Widowed	Single Married Divorced Separated Widowed
Phone	Home		
	Work		
	Cell		
Email (optional)			
Home Address			
Employer	Company		
	Phone		
Health Insurance Co.			
Primary Person for Insurance			
Referred by: (name of person or website)			

Emergency Contact:	Name		
	Phone		
	Relationship		
Physician	Name		
	Phone		

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Children	Name	Age	At home? (yes or no)

CLIENT #1 Medications	Medication	Reason for Taking	Dosage	Prescribing Doctor
CLIENT #2 Medications				

PRIOR OR CURRENT (No contact will be made without your express permission)		Therapist or Coach	Individual or Couple	Duration (months & # of sessions)	Indicate Year and whether current
	Client				
	Spouse / Partner				

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Coaching Disclaimer & Waiver - All coaching services and communication, email or otherwise, delivered by Dr. Thomas Lucking, Ph.D., (your “Coach”), are meant to help you identify the areas in your life and in your thinking that may be standing in your way.

This agreement is for coaching, not psychotherapy. While coaching can work with issues such as identifying and reaching life goals, and changing the behaviors that aren’t working well for you, coaching cannot deal with issues such as depression and anxiety. For issues such as these, you must see a Physician or Licensed Mental Health Professional in your location. Your coach will not diagnose or treat any medical or psychological conditions. While your coach may be licensed as a healing arts practitioner he or she is not functioning as a licensed practitioner when offering coaching services. By signing this agreement, you are agreeing that you understand the difference in these two functions and you will get appropriate professional help for mental health issues if necessary.

I understand that coaching is, at present, an unregulated industry and that my Coach is not licensed by the State of California or any other state. I also understand that for all legal purposes, the services provided by my Coach will be considered to be provided in the State of California.

I understand and agree that I am fully responsible for my well-being during my coaching sessions, and subsequently, including my choices and decisions. I understand that coaching is not a substitute for counseling, coaching, psychoanalysis, mental health care or substance abuse treatment, and I will not use it in place of any form of therapy.

I understand that all comments and ideas offered by my Coach are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent, and hereby give such consent to my coach to assist me in achieving such goals. I understand that to the extent our work together involves career or business, my Coach is not promising outcomes included but not limited to increased clientele, profitability and or business success.

Please free to ask questions at any time about your coach’s background, experience and professional orientation.

Appointment Scheduling and Cancellation Policies - In order to cancel or reschedule an appointment, you are expected to notify your coach at least 24 hours in advance of your appointment. If you do not provide at least 24 hours’ notice in advance, you are responsible for payment for the missed session.

Coach Availability and Emergencies - In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 or the appropriate emergency service to request assistance. Your coach is not licensed to handle these matters.

Insurance - Because coaching is not a medical treatment, typically insurance will not cover the cost. Some employers may cover some of the cost of coaching. It is your responsibility to pay for coaching and get reimbursed by your employer if that is the case.

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Confidentiality - All information obtained in the course of the professional service is confidential unless there is a compelling professional reason for its disclosure. Your coach will disclose confidential information without a specific release if it is necessary to prevent foreseeable imminent harm to the client or another. In all circumstances, coaches will be judicious in the amount of information that is disclosed.

Coaches may disclose confidential information without the consent of the client only as mandated or permitted by law. When possible, coaches inform clients about the disclosure of confidential information and possible ramifications before the disclosure is made. Coaches will only disclose confidential information to third parties with the appropriate written consent. Coaches must disclose certain confidential information as required by law or if the confidential information may put the client or others at risk of harm or compromise their well-being.

I understand that my Coach will protect my information as confidential unless I state otherwise in writing. If I report child, elder abuse or neglect or threaten to harm myself or someone else, I understand that necessary actions will be taken and my confidentiality agreement limited in this capacity. Furthermore, if my Coach is ordered by a court to provide information or to testify, he or she will do so to the extent the law requires.

Minors and Confidentiality - Communications between coaches and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's coaching are often involved in their sessions. Consequently, your coach, in the exercise of her professional judgment, may discuss the coaching of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their coach.

Electronic Communications - You understand that the confidentiality of Electronic Communications (E.C.) cannot be guaranteed. E.C. may include, but are not limited to, email, text messages, Skype and other video conferencing, and voicemail. E.C. are inherently vulnerable and insecure and may result in the unintentional harmful disclosure of personal information. You acknowledge that you implicitly consent to Dr Lucking sending E.C. to you by: a) your inclusion of your email address on Dr Lucking's forms, b) providing your email to Dr Lucking in session, or c) your sending an email, text message, or other E.C. to Dr Lucking. You acknowledge that Dr Lucking may not read or respond to E.C. until the next scheduled appointment and that you will not use E.C. for emergencies.

Sessions will be held in-person, over the phone or through the Internet. Email contact regarding logistics and scheduling is welcome at doctorthomaslucking@gmail.com. Any coaching between sessions via written message format will occur on a secure online platform. Coaching in this manner will be done through the purchase of Telehealth Messaging Sessions. "Telehealth" is understood as an educational service within the coaching relationship.

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Services and Fees

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Coaching - Coaching for individuals, couples, families, or groups. Location for session is one of Dr. Lucking's two offices, an alternate location, video, or phone.

Service	Fee ^
Individual Coaching 45-55 minute session	\$250
Individual Coaching 20-30 minute session	\$125
Couples or Family Coaching 45-55 minute session	\$250
Group Coaching 65-75 minute session	\$125

Daily Care Coaching - A higher level of care and support is available for (a) coping skills (b) time-bound growth and goals that require regular accountability and support (c) developing new habits.

Service	Fee ^
Online log and progress reports Responses between sessions within 24 hours except Saturdays, Sundays, and holidays*^	\$125

Couples Care Intensives – Deep immersions to accelerate growth and transformation. Two types of intensives are listed below. Contact Dr. Lucking for specific fees based on your needs.

Service	
Deep Dive Intensive 1-5 dives across 1-3 days.+ Location of your choice. Includes assessments and all materials.	Solid Follow-Through Intensive Daily phone check-ins and mobile therapy activities across 5-7 days. Includes mobile app access.

Administrative Time - Time outside of session may be necessary for Dr. Lucking to prepare reports, complete assessments, write contracts, or other administrative support for coaching.

Service	Fee ^
Administrative Time 45-55 minute session	\$250
Administrative Time 20-30 minute session	\$125

^ Coaching services and fees may be covered under your insurance plan. Please check with your insurance provider for benefits and reporting requirements for reimbursements.

*Response times are goals not guarantees, if crisis or emergency please call 911. Holidays include personal time off.

^Responses in effect for a maximum of 7 days between sessions

ⓂSee website for explanation of a 'dive' <https://www.thomaslucking.com/couples-care-intensives/>

Fees are payable by cash, check, PayPal, Venmo, or credit card. Checks preferred for intensives.

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It is your coach's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your coach and the specifics of your situation, your coach will provide recommendations to you regarding coaching. Coaches and clients are partners in the coaching process. You have the right to agree or disagree with your coach's recommendations.

I hereby release, waive, acquit and forever discharge my Coach, any agents, successors, assigns, personal representatives, executors, heirs and employees from every claim, suit action, demand or right to compensation for damages I may claim to have or that I may have arising out of acts or omissions by myself or by my Coach as a result of the advice given by my Coach or otherwise resulting from the coaching relationship contemplated by this agreement. I further declare and represent that no promise, inducement or agreement not expressed in this agreement has been made to me to sign this agreement. This agreement shall bind my heirs, executors, personal representatives, successors, assigns, and agents.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask your coach to address any questions or concerns that you have about this information before you sign.

	Print Name	Sign	Date
CLIENT #1			
CLIENT #2			
PARENT(s) OR GUARDIAN:			