



Individual Coaching
& Group Workshops

P: 407-248-0030

F: 407-248-0226

Satellite Locations:
Winter Park

GENERAL INFORMATION

Date: _____ How did you hear about us? _____

Full Name: Mr. Mrs. Ms. Miss Dr. _____

Nick Name: _____ Name You Prefer: _____

Age: _____ Date of Birth: _____ Sex: Male Female

Race: White Black Hispanic Asian Other: _____

Parent/Guardian: _____ Relationship: _____

CONTACT INFORMATION

Street Address: _____ Suite/Apartment Number: _____

City: _____ State: _____ Zip Code: _____ May We Send Mail Here: Yes No

Mailing Address or Post Office Box: _____

City: _____ State: _____ Zip Code: _____ May We Send Mail Here: Yes No

Home Phone: (_____) _____ May We Leave a Message Here: Yes No

Mobile Phone: (_____) _____ May We Leave a Message Here: Yes No

Work Phone: (_____) _____ May We Leave a Message Here: Yes No

Email Address: _____ May We Send Email Here: Yes No

I would like to be added to Total Life Counseling Newsletter to receive free articles, tips and resources: Yes No

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

EMPLOYMENT INFORMATION

Employer: _____ Length of Employment: _____

Occupation: _____ Average Hours Worked Per Week: _____

Average Annual Salary: \$0 to \$10,000 \$20,001 to \$40,000 \$50,001 to \$60,000 \$80,001 to \$100,000
 \$10,001 to \$20,000 \$40,001 to \$50,000 \$60,001 to \$80,000 More than \$100,000

EDUCATION INFORMATION

Last Year of School Completed: 9 10 11 12 GED College: 1 2 3 4 Other: _____

Are You Currently in School: Yes No. If Yes, What School: _____



RELATIONAL INFORMATION

Current Relational Status: Single Dating Engaged Married Separated Divorced Widowed

Are You Content with Your Current Status: Yes No. If No, Briefly Explain: _____

If Married, How Long: _____ Number of Previous Marriages for You: _____ For Your Partner: _____

If Separated or Divorced, How Long: _____ If Widowed, How Long: _____

Partner's Name: Mr. Mrs. Ms. Miss Dr. Rev. _____

How Long Have You Known Your Partner: _____ Age: _____ Preferred Name: _____

Partner's Race: White Black Hispanic Asian Other: _____ Partner's Sex: Male Female

Partner's Occupation: _____ Average Hours Worked Per Week: _____

Last Year of School Partner Completed: 9 10 11 12 GED College: 1 2 3 4 Other: _____

What Words Would You Use to Describe Your Partner: _____

Is Your Partner Supportive of You Seeking Counseling: Yes No Unsure Partner Doesn't Know

With Whom Do You Currently Live (*Check All that Apply*): Alone Spouse Children Parent(s) Sibling(s)
 Boyfriend Girlfriend Roommate Other: _____

CHILDREN

List Your Children (Living or Deceased):

Name	Sex	Current Age or Year of Death	Relationship to You <i>(e.g. Natural, Adopted, Step)</i>	Living with You?	Describe Him/Her

Have You Ever Placed a Child for Adoption: Yes No. If Yes, When: _____

Have You Ever Had a Miscarriage or Medical Abortion: Yes No. If Yes, When: _____

FAMILY OF ORIGIN

List Mother, Father, Brothers, Sisters, Step Family, and Any Other Family Members who Effected You Positively or Negatively:

Name	Sex	Current Age or Year of Death	Relationship to You <i>(e.g. Mom, Dad, Sibling, Step)</i>	Occupation	Describe Him/Her



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PRESENTING ISSUES AND GOALS

Please Describe Why You Are Coming to Counseling (*i.e. What Are Your Issues, Problems?*): _____

Why Have You Decided to Come for Counseling Now: _____

What Do You Hope to Gain or Change by Coming for Counseling: _____

How Long Do You Believe Counseling Should Last: _____

PREVIOUS COACHING

List Any Previous Counseling, Psychiatric Treatment, or Residential/In-Patient Care You Have Received (*Use Back If Necessary*):

Therapist: _____ Location: _____ Dates: _____ Reason: _____

Therapist: _____ Location: _____ Dates: _____ Reason: _____

RELIGIOUS BACKGROUND

Please describe your religious involvement if any. Are there any special religious, cultural or ethnic considerations we should be aware of?

Church attendance? If so, what is the name? _____

Do You Have a Personal Support System: Yes No. If Yes, Who: _____

TERMS OF SERVICE

I hereby give Total Life Counseling Center permission to provide coaching services for the client mentioned above:

Signed: _____ Date: _____



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Financial Policy

Payment Policy:

We are committed to providing you with the best possible care. Payment for services is due at the time of service. We accept cash, checks, Master Card, and Visa.

Our fees:

- Individual Coaching Sessions are _____ per hour (hourly sessions are 50-60 minutes)
- Groups are \$48.00 per hour
- Coaching Services: Professional Letters, Emails or Phone/Conference calls may be billed, if requested, in 15 minute increments at the individual coaching rate.
- Administrative Services: Letters from the front office will be billed a \$15 per 15 minutes with a \$15 minimum.
- Returned checks are subject to a \$30 fee.
- No-show fees are charged for appointments canceled or broken without 24 hours advance notice unless there is an emergency or illness. The no-show fee is equivalent to your normal session fee.

If you have any questions about our financial policy please do not hesitate to ask us. We are here to help you.

Thank you.

Signature _____ Date _____



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DIRECTIONS-- SEE MAPS ON NEXT PAGE

Greetings and thank you for contacting Total Life Counseling Center. We consider it a privilege to serve you and look forward to working with you. Below are instructions to our offices. You can also go to our website and click the Office Locations Link and click on the office you are attending. Then you can enter your address for directions.

Metro West Office @ Metro West Professional Plaza, 1507 S. Hiwassee Road Suite 101, Orlando FL 32835:

- From Kissimmee N. on Turnpike to EXIT 259, Take I-4 toward Tampa to the Kirkman Rd Exit 75B and take Kirkman 2.6 miles. Take Left on Metro West Blvd for 1 mile. Take Right on Hiwassee Road .3 miles and turn between the McDonalds on the right and our Building. Then immediately turn right again into the parking lot behind the building.
- From Tampa I-4 East to Orlando and take the Kirkman Rd Exit 75B and take Kirkman 2.6 miles. Take Left on Metro West Blvd for 1 mile. Take Right on Hiwassee Road .3 miles and turn between the McDonalds on the right and our Building. Then immediately turn right again into the parking lot behind the building.
- Downtown Orlando/East Orlando: Take the 408 West to Hiwassee Road. Take Left on Hiwassee Road for 2 miles. Cross Raleigh Street and our building is past the McDonalds on the left. However, our parking lot access is behind the McDonalds. So after Raleigh Turn into the Winn Dixie Shopping Plaza and turn right between McDonalds & the Winn Dixie to access our parking lot behind the Building.
- From Clermont/Ocoee/Winter Garden/Oakland/Montverde: Take the 408 East to Hiwassee Road. Take Right on Hiwassee Road for 2 miles. Cross Raleigh Street and our building is past the McDonalds on the left. However, our parking lot access is behind the McDonalds. So after Raleigh Turn into the Winn Dixie Shopping Plaza and turn right between McDonalds & the Winn Dixie to access our parking lot behind the Building.

Winter Park Office at Lee World Center, 1850 Lee Road Suite 215, Winter Park, FL 32789:

- From Kissimmee N. on Turnpike to EXIT 259, Take I-4 East toward Orlando/Downtown 11.4 miles to Lee Road. Take Right on Lee Road .7 miles to Lee World Center on Right.
- Take I-4 East toward Orlando/Downtown to Lee Road in Winter Park. Take Right on Lee Road EXIT 88 .7 miles to Lee World Center on Right.
- Downtown Orlando/East Orlando: Take I-4 East toward Orlando/Downtown to Lee Road in Winter Park. Take Right on Lee Road EXIT 88 .7 miles to Lee World Center on Right.
- From Daytona/Sanford/Lake Mary/Altamonte Spgs/Longwood: Take I-4 West toward Winter Park to Lee Road Exit 88. Take Left on Lee Road .7 miles to Lee World Center on Right.