

WELCOME

TOTAL LIFE COUNSELING CENTER



Congratulations!

The hardest step with coaching or counseling is making the first appointment and you did it! Here are a few recommendations to keep your momentum so you can maximize your benefits from coaching or counseling:

Financial Concerns: If there are any financial issues or concerns we may be able to work with you on this.

Calendar: Always remember to have your Calendar when you come to TLC and when you Call to Reschedule:

- **Save Time:** Having your Calendar will save you time and keep you from needing to remember to call us back.
- **Life gets busy** and often people forget to call back to reschedule or schedule a follow-up appointment.
- **Time Lapses:** If too much time passes without a follow-up appointment, clients can actually regress and lengthen the time needed to see results in counseling.
- **Consistency:** Follow-up appointments are important in order to receive the maximum benefits from your first session!
- **Canceling or Rescheduling:** If you do not receive a reminder call please keep in mind the reminder is a courtesy but we need to leave it up to you to contact us **at least one (1) business day** prior to your appointment time if you need to reschedule.

Expectations: Everyone has their own idea of what to expect from counseling varying from watching Dr. Phil or prior experiences. Please discuss your feelings if you feel your expectations are not being met. We can usually address this concern right away.

Closure: When things are going well often clients cancel their appointments before letting us know about your progress. We love to hear the Good News so it's very important to have that final session to celebrate your counselor!

Directions: For directions to our location please download the maps at <http://www.totallifecounseling.com/maps>

Bring Forms: Please remember to print out your new client registration forms and fill them out prior to your first session. Download the Forms @ <http://www.totallifecounseling.com/forms>

Should you need further assistance or an emergency arises before we can meet, please feel free to call 407-248-0030.



1507 S. Hiawassee Road, Suite 101
Orlando, FL 32835

Satellite Locations: Winter Park, Clermont,
& East Orlando

Phone: 407-248-0030

Email: info@totallifecounseling.com

Web: www.totallifecounseling.com



Total Life Counseling COACHING FORM

(Please Print)

Today's date: _____

PATIENT INFORMATION

Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid		
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former name):		Birth date: / /		Age: 	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Cell phone no.:		Home phone no.: ()			
P.O. box:		City:		State:		ZIP Code:		
Occupation:		Employer:			Employer phone no.: ()			
Referred to Center by (please check one box):								
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other				
Other family members seen here: _____								

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

GENERAL INFORMATION

If client is under 18 years of age:					
Parent/ Legal Guardian		Address (if different):		Home phone no.: ()	
Is this person a patient here? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Occupation:	Employer:	Employer address:			Employer phone no.: ()

PROFESSIONAL INFORMATION

DO YOU HAVE PREVIOUS MODELING EXPERINECE? IF YES, PLEASE EXPLAIN.

INTERESTED IN: (CIRCLE ALL THE APPLY) PRINT RUNWAY PROMO TV/COMMERCIAL

MEASUREMENTS		WEIGHT:		HEIGHT:	
BUST:		WAIST:		HIPS:	

DO YOU HAVE SPECIAL TALENTS?

WHAT ARE YOUR MODELING CAREER EXPECTATIONS?

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):		Relationship to patient:		Home phone no.: ()		Work phone no.: ()	
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The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance.

Patient/Guardian signature

Date