

Basic Information:

Personal Details:

Full name:
Date of Birth:
Home address:.....
Phone:.....
Email:
Skype address:.....
Work role/ company:.....
.....

Details of family/ Significant Relationships:

Name	Age	Gender	Relationship to you

What are some of your hobbies & interests?

.....
.....
.....
.....

What are 3 of the greatest sources of stress in your life?

.....
.....
.....
.....

Tick the most accurate response to each statement:

Statement	Often	Some-times	Rarely	Never
My life feels like a great adventure				
I feel sure I can solve any problem I encounter				
I have fun				
I laugh out loud				
I feel overwhelmed with gratitude				
I spend time in comfortable solitude				
I am fascinated by things I am learning				
I feel deeply understood				
Things just seem to work out for me				
I get so involved in projects I forget to stop				
I use my imagination				
I do things I loved when I was a kid				
People seem to enjoy being around me				
I play				
I feel perfectly safe				
I get excited when it's time to go to work				
I feel mentally sharp and alert				
I have really cool ideas				
I love my body				
I'm flooded with love for other people				
I do new things, or old things in new ways				
I do what I want to, even if it's scary				
I'm completely relaxed with other people				
I feel intense physical pleasure				
I am very pleased with myself in general				

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What are 3 of your best experiences so far?

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What are 3 of your worst experiences so far?

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List 5 adjectives that describe you at your best:

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List 5 adjectives that describe you at your worst:

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How do you know when you've done a good job?

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What's the relationship between your life last year and this year?

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.....
.....

What are your 3 greatest fears?

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.....

Please use this page to bullet point your life story. Use ONLY this page.

How did you find out about Bonnie Triantafillos-Wright/Rooting Through Grief?.....

Have you ever used coaching/ counseling/ therapy/ psychology services before?.....

If so, please give details:

.....
.....
.....

Are you currently under the care of any other therapist/ counselor/ psychiatrist/ doctor or mental health professional?

.....

Are you taking any prescription medication?If so, please give details

.....
.....

Have you ever planned or tried to take your own life? If so, please give details

.....
.....
.....

Please provide contact details for someone I could contact if there was ever concern that you might harm yourself. I would only contact this person with your knowledge. As a helping professional, I have a responsibility to ensure that you receive help if I think you might harm yourself - this is the only occasion in which I might break our confidentiality agreement.

Name of person I can contact, and their relationship to you.....

.....

Contact number:

What are some of the changes you want to make, or benefits you'd like to get as a result of participating in this coaching program?

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.....

Therapy Agreement

Between

Client

and

Bonnie Triantafillos-Wright, Rooting Through Grief

What you can expect from me, as your grief coach/therapist:

1. I'll be punctual for all appointments, and keep all appointments agreed.
2. I'll hold your coaching/therapy outcomes in mind at all times, challenge you to focus on these areas, and let you know if I think our conversation is not supporting your outcomes.
3. I'll be as flexible as my schedule allows, if re-scheduling of appointments is necessary.
4. I'll keep notes of our coaching/therapy conversations and themes. These notes are fully confidential.
5. I'll discuss and review my sessions with my therapy team, in order to ensure that my work is professional, ethical and consistently of a high standard. My therapy team upholds the same confidentiality agreement.
6. I'll keep details of our conversation confidential. The only circumstances in which I would share your information (with other relevant professionals) is in a situation in which it's necessary to do so, in order to protect you or someone else from a threat to their life.
7. I'll share articles, book recommendations and other resources with you where relevant, in order to enrich and deepen your learning experience.
8. I'll let you know where my practice beliefs and principles originate, if you're interested to understand more about the theory or knowledge base I practice from, so that you can also go direct to the sources of my learning if you wish.
9. I'll ask you to complete coaching tasks, between our sessions, to bridge our sessions and deepen your changes.
10. I'll give you honest feedback regarding progress towards your coaching outcomes.
11. I'll invite your feedback regarding my coaching/therapy style. Please tell me if there is anything about my coaching style that you find difficult - I'm willing to adapt to help you get your outcomes.

To be coachable, I expect the following from you:

1. You'll be punctual for all sessions, and keep all agreed appointments.
2. You'll let me know at least 24hrs in advance if you need to re-schedule a session.
3. You'll be fully prepared for all sessions, having completed any coaching tasks assigned.
4. You'll be honest with yourself and with me.
5. Your intent to change is serious.
6. You're willing to stay with the process, through "the dip."
7. You're willing to try new ways of thinking, behaving and learning.
8. You're willing to reflect on the coaching sessions and complete coaching tasks, recommended reading or reflection exercises I give you during the week.
9. You'll alert me to any major changes in your life which might impact on our progress.

Emergency Contact

I am NOT available for emergency contact 24 hours. In an emergency, please either call 911, 1-800-273-TALK or the close friend/ relative that we've agreed you would call.

Policy documents

As a Social Worker registered with the Maryland Board of Social Workers, I am bound by a professional code of ethics. The policy documents relating to this code of ethics can be made available on request.

If you have any concerns or complaints, please contact me as soon as possible and I'll seek to resolve them.

I have read and understood this agreement... and I'm up for it!

Name.....

Client

Signature:.....

Date:

Name

Therapist

Signature:

Date: