



## Welcome to Integrative Health Coaching

Winter 2015

Dear Respected Client,

Welcome to Integrative Health Coaching! I am excited that we will be working together and look forward to collaborating with you to help you achieve your goals.

This coaching is not just about your physical well-being, it is also about you as a whole person: your values, goals, and essentially your life's purpose. Through the coaching process, clients typically reach various goals, improve performance and enhance quality of health and life. We will explore, discover and commit to action to keep moving forward. This proactive working relationship will accelerate your progress by providing greater focus and awareness of choice.

Our initial session is meant to jumpstart our relationship. We will discuss how we will work together -- how you want me to coach you, and what resources I bring. You will help me gain understanding of who you are and what you wish for in your life, and what I am to hold for you as your health goals. I've enclosed some agreement forms, self-assessment, and administrative items for you to complete in advance to maximize our time together. It is meant to spark ideas for our first call, and begin to set the foundation for our subsequent sessions.

Please return the *signed* Consent, Coaching Agreement and the Current & Desired States questionnaire via mail, email or fax prior to our first session. My contact information is below. Please do not hesitate to contact me with any questions about the forms. I look forward to our time together and will assist in any way to help you achieve your optimal health goals.

Warm Regards, Daria

Daria Massimilla, Health Coaching Strategies, 2232 South Main Street, Suite 357  
[dmassimilla@comcast.net](mailto:dmassimilla@comcast.net); Cell: 734-369-8008 Fax: 734-929-2486

## CLIENT INFORMATION FORM

Date: \_\_\_\_\_, 2015

Name: \_\_\_\_\_

Home address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_ Website: \_\_\_\_\_

Occupation: \_\_\_\_\_ Student (what, where, year): \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Work fax: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital status: S\_\_\_\_ M\_\_\_\_ W\_\_\_\_ D\_\_\_\_

Name of partner/spouse: \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Who referred you to me? Online \_\_ Website \_\_ Facebook \_\_ LinkedIn\_\_ Twitter \_\_

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## COACHING AGREEMENT

**Procedure:** Our work will start \_\_\_\_\_, 2015. I will send you an email with available dates/times that we can talk. Please plan on two sessions a month for 45 minutes each. The first session may run up to an hour since we will be exploring lots of information at first. **If you need to reschedule any session, please let me know 24-hours in advance.** I ask for a commitment of 3 months. After that time, we will re-evaluate your progress and our work together and make any further agreements. Because I am a health coach student at this time, my typical fee of \$75/hour will be reduced to \$50/hour during this 3-month period for a total of \$300.

**Preparation:** After our initial session, I ask that you come to the coaching sessions prepared with an agenda of what you want from each meeting. Please take time to fill-out the Coaching Call Prep Form (the last form in this packet). If possible, it would be helpful for you to email me this form twenty-four hours in advance of our phone session, excluding the first session.

**Expectations:** Please be honest with yourself and me throughout the coaching process. You can expect me to be straightforward, constructive and confidential. You can say anything to me, positive or negative; this includes honesty in your responses to me, and letting me know if something makes you uncomfortable or if you don't want to respond to a question. The key to an effective coaching relationship is communication. Please let me know at any time if you have concerns that we haven't addressed.

As your coach, I am a resource for you to use to your best advantage. I will share concepts or insights, and ask re-orienting questions that are intended to increase your success in attaining your health goals.

I expect your best. If you aren't doing your best, I'll ask you to. I expect you to be willing to grow. From time-to-time, I'll make a direct request, like: "Will you accomplish 'X' by the end of the month?" You always have the option of accepting a request, declining or counter-offering something that might be more workable for you.

**Retainer and payment procedure:** The 3-month initial fee is due on \_\_\_\_\_. Please mail a check to my address Daria Massimilla, 2232 South Main Street, Suite 357 or pay by credit card. This retainer includes 6, 45-minute telephone coaching sessions, plus e-mail/text support weekdays.

**Termination:** Because of the time, scope and nature of the work, the initial contract is for three (3) months of coaching. Thereafter, the work is done on a month-to-month basis. If possible, I ask that you let me know one month in advance when you are thinking of stopping our work. Payment made for the current (ending) month will be considered payment in full unless there is an unpaid balance. In the event of fees owed at the time of cancellation, full payment is due.

**Confidentiality:** I recognize that in the course of our work, you may give me the following: future plans, health information, financial information, job information, goals, personal information, and other proprietary information. I will *not* at any time, either directly or indirectly, use any information for my own personal benefit, disclose, or communicate in any manner any information to any third party. I will not divulge that you and I are in a coaching relationship without your permission. I will hold everything that we say and do confidential unless you present as a physical danger to yourself or others. In this case, I will inform legal authorities so that protective measures can be taken. In addition, you should know that unlike a physician or a lawyer our confidentiality agreement is not protected by law. Should it ever happen, I cannot claim in court to be unable to divulge the contents of our conversations.

**Nature of the relationship:** You are aware that the coaching relationship is in no way to be construed as psychological counseling or psychotherapy. In the event that you feel the need for professional counseling or therapy, it is your responsibility to seek a licensed professional. Coaching results are not guaranteed. You enter into coaching with the understanding that you are responsible for creating your own results. As part of my training, you are working with me on a volunteer basis for the purpose of creating a structure to identify and achieve your health and well-being goals.

**Client Waiver:** Simply stated, you understand that I am an Integrative Health Coach offering motivational and educational services. I cannot be held liable for any advice, suggestions or guidance that I provide during our work together.

Client has read and agrees to the parameters of the coaching practice which have been outlined on the previous pages:

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Coach signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Credit Card Processing Information

I \_\_\_\_\_, hereby authorize Health Achievement Strategies, LLC, to charge the following credit card account in the amount shown below for merchant services. This payment agreement will be in effect until services have been completed or are ended by my (the client's) request either verbally or in writing. It will be destroyed after this one payment.

### Credit Card Information:

Card Type:     Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Amount:                 \$ \_\_\_\_\_     Pre-pay package of 6 lessons \_\_\_\_\_

Billing Cycle: monthly \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Duke Integrative Health Coach Professional Training Program Certification Course**

**CLIENT CONSENT FORM**

Coach's Name: Daria Massimilla      Client's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_

I, \_\_\_\_\_ (Client), verify that I am a coaching client of Daria Massimilla (Coach). I understand that my coach is documenting his/her coaching hours for the purpose of obtaining certification as an integrative health coach through Duke Integrative Medicine. I understand that this form containing my name and contact information will be given to Duke Integrative Medicine Program staff to verify that the coach listed above is meeting the hours required to earn a certification. I understand that all information on this form will be kept strictly confidential. I understand that Duke Integrative Medicine IH Program staff may or may not contact me to verify that I am receiving coaching.

Unless indicated otherwise below, I also give my permission to have sessions with my coach **recorded** for training purposes. I understand that my recorded sessions may be reviewed by supervisory staff at Duke Integrative Medicine for the purpose of assisting my coach in his/her training. I understand that my coaching session should not be limited in any way by the fact that it is being recorded. I also understand that what is recorded will be held in strict confidence.

IF YOU DO NOT WANT TO HAVE YOUR COACHING SESSIONS RECORDED:

I do not agree to have coaching sessions recorded for training purposes. \_\_\_\_\_

By signing below, I agree to have the information on this form shared with Duke Integrative Medicine IHCPT Program staff and to have coaching sessions recorded for training purposes unless indicated otherwise above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FACTS ABOUT INTEGRATIVE HEALTH COACHING

If you are considering Integrative Health Coaching, here is some information that you may find useful before your first telephone, Skype or in-person session.

### **What is it?**

Coaching provides an opportunity for you to collaborate with an experienced partner to carve out the kind of optimal health you've envisioned. A coach is like a "personal trainer" except the focus will be on your whole self. Any concern that gets in the way of taking care of your optimal health is the perfect subject with which to begin coaching. Are there health behavior changes that you've wanted to make but haven't either known how or been successful in the past? Has a new health concern arisen that you want to pay particular attention to? Health coaching effectively motivates and supports health behavior change through a structured partnership between the participant and coach. The coach helps you develop and realize your optimal health vision through inquiry, personal discovery and accountability.

### **Why is Integrative Health Coaching effective in helping people realize optimal health?**

- Coaches work with the whole person. They listen to your concerns and ask powerful questions to help motivate you to make the changes you desire.
- Coaches spend time exploring what is most important to you and allow you to choose your course of action for whatever health concern you choose to address.
- Coaches guide you through a process to maximize the possibility of your success.
- You and your coach work in partnership to identify obstacles to change and create strategies for moving forward toward *your* goals.
- Coaches support you in tracking weekly progress and hold you accountable for your commitments.
- Coaches provide additional resources for making healthy behavior changes.



## WHAT CAN YOU TALK ABOUT IN COACHING SESSIONS

The coaching relationship is unique. The coach and the client form a partnership to better equip you to realize your optimal health vision based on your goals and values. Essentially, any topic you want to bring up that you think will contribute to your optimal health is appropriate.

Questions on how you view your health & life to help guide your coaching experience:

1. How is your health and well-being now -- how would you like it to be?
2. Are there certain health goals or behavior changes that you would like to focus on?
3. Look at the **Wheel of Health** -- any area on which you would like to focus?
4. How would your life be different if you achieved your optimal vision of health, vitality?

What happened since your last session:

- Have you made any breakthroughs and insights?
- Have you taken any new action?
- Have you had any new learning?
- Have you made any new decisions?
- Have you made progress toward your goals and activities?
- What are proud of?
- What barriers are you encountering?

How the coach can assist you in your change process:

- Where you are stuck?
- Do you need help developing a plan of action?
- How can the coach further support you in your changes?

What's next:

- What is the next goal or area of health to take on?
- What would help maintain the progress you have made?
- What else is important to you in your optimal health vision?

## COACHING SESSION PREP FORM

You can get the most out of your coaching call by preparing for it. Coaching is a client-initiated process. You will create the most value for yourself by focusing on what is important to you. Before each meeting, please respond to the following questions. Please e-mail the prep form to me at least 24 hours before each call. Then I can anticipate how best to meet your needs.

1. What have I accomplished since our last meeting? (small/big successes, breakthroughs)

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2. What are the biggest challenges I am facing now?

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3. What would I like to take away from our session today?

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4. What have I accomplished that surprised me?

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5. What action(s) am I ready to take now? What I promise to do by the next session:

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