

Thank you for choosing Applied Success Coaching© (ASC). Please review and complete the following information. We have streamlined our documentation process. Therefore, what remains is absolutely essential as we move forward. Please complete this information with as much detail as possible. Feel free to contact us with any questions.

\*This form is intended for clients that are 18 years old or older.

**Please return these forms at least 1 day before our first appointment. You may email, mail or drop them off.**

**Adult**  
**CLIENT INFORMATION**

Client Personal Information		
Name:	DOB:	
Address:	City:	State:

Medical History (if applicable)
Please describe any medical diagnosis or surgeries you have had.

Mental Health History (if applicable)

Please describe if you have experienced any difficulties with depression, anxiety, obsessive compulsive disorder, etc. If so, please explain treatment, if any.

Medication Chart (if applicable)		
Medication	Dosage	Please note if there are any side effects experienced.

Physician Information	
Name of General Physician:  Does this M.D. prescribe medication?	Phone#:
Name of Psychiatrist (if applicable):  Does this M.D. prescribe medication?	Phone #:

School History		
Did you Graduate High School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe any school related concerns:
Have you graduated College?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you attending College?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe what is going well with school?
What is your GPA:		
Do you have difficulty staying organized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have difficulty getting started on papers, studying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have difficulty on tests despite studying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History		
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe any work related concerns:      Please describe what is going well with work?
Where?		
How long have you been at your current position?		
Do you arrive on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have difficulty staying organized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you perform to the best of your ability consistently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you get along with co-workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Interests
Please describe your interests.

Intentions and Goals
<p>Please describe why you are reaching out for help <b>AND</b> what you hope to gain from this program.</p>          

**CONSENT TO RELEASE/SHARE INFORMATION**

I give permission for Applied Success, Inc. to exchange information regarding my coaching services with the following entities.

Name	Type of Provider (MD, Psychologist, School, etc.)	Phone Number	Email

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

**Scheduling and Appointment Cancellation Policy**

We will schedule our sessions in advance for each 3 month block. The accountability calls can be arranged for the week prior as move through the program. Applied Success, Inc. recognizes that life events happen and appointments may require rescheduling. We ask that you provide a 24 hour notice for all cancelled coaching appointments. If you do not provide a 24 hour cancelation notice, there may be a \$50.00 fee charged to your account. If you have pre-paid for services, the missed appointment will be forfeited. If there is an exceptional



1333 E. Thousand Oaks Blvd., #210  
Thousand Oaks, CA. 91362  
(833) 543-21GO(46)  
office@appliedsuccessinc.com

circumstance, please discuss the matter with your coach. For the accountability calls, please cancel with a minimum of a 1-hour notice. If this request is honored, the accountability call may be rescheduled.

**Initial**

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### **Payment and Fees**

You may pay in full, at the onset of each block, which offers a discounted rate, make monthly payments or buy individual hourly sessions. All payment options require payment be made prior to services being provided. For monthly plans, your payment will be due on the same date of the month for which your first coaching appointment occurs. For example, if your first appointment occurs on March 3, then you will make your first payment March 3 or before, and moving forward you will have a payment due April 3 and May 3, as well. If you would like to discuss a specific monthly payment date, that is easily arranged, but please make sure to discuss that at the beginning of each coaching block. Once services are paid, no refund will be offered.

**Initial**