



Zoilita Grant MS. CCHt.  
Master Hypnotic-Coach

**Client Data**

Please complete these forms and bring either fax or mail them back to me prior to our first call or fill them out in our first in person appointment.

**Names:**

**Address:**

**City:**

**Province/State:**

**Postal/Zip:**

**Res. Phone:**

**Bus. Phone:**

**Cell phone:**

**Email:**

**Occupation:**

**Birthday MO./Day**

**Referred by:**

**Coaching Start Date**

**Master Card/Visa #** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **CODE** \_\_\_\_\_

## **Hypnotic-Coaching Alliance Agreement**

Please sign this agreement and either bring it with you, or fax or email the agreement back to me prior to our first call or sign it at our first session:

First Session Fee is \$100.\_\_\_\_\_ You may use alone or part of a package below.

Then either pay \$150 per hour, \$115 for 45 minute session or please check the plan you selected:

I will pay per hour.\_\_\_\_\_. I will pay for a 45 minute session\_\_\_\_\_.

I have selected Plan A: 4 Sessions \$540. Fee includes four one hour calls or in person sessions, CDs and handouts as needed. \_\_\_\_\_.

I have selected Plan A: 10 Sessions \$1200. Fee includes ten one hour calls or in person sessions, CDs and handouts as needed. \_\_\_\_\_.

I have selected Plan B: 4 Sessions \$415. Fee includes four 45 mins calls or in person sessions, CDs and handouts as needed.\_\_\_\_\_.

I have selected Plan B 10 Sessions \$920 Fee includes four 45 mins calls or in person sessions, CDs and handouts as needed.\_\_\_\_\_.

The fee is paid the first session.

I \_\_\_\_\_(print name) agree to employ Zoilita Grant at the fee indicated above for the purpose of coaching me on my personal and professional goals. I further agree to the following:

1. I take personal responsibility for the results of my Hypnotic-Coaching Experience.
- 2.. I realize that my commitment is essential to my success.
3. I agree to give 24 hours notice for any change or cancellation of sessions. I understand that I will be charged for any missed sessions if I do not give this notice.

- 4.. I will call or visit my coach on time. I understand that if I am more than 15 minutes late for a call or session my coach will assume I will not be calling and will charge for the call or session.
5. I understand that the purpose of my sessions with my coach is to assist me in goals related to my business/career/personal development.
6. I understand that although my coach is a trained psychotherapist, she will not be acting in the role of counselor, hypnotherapist or psychotherapist during our coaching sessions. I further understand that coaching does not take the place of psychotherapy.
7. I give my coach permission to be honest, direct, supportive, and to challenge me.
8. I understand and agree that I am fully responsible for my well being, including my choices and decisions. I understand that I am always free to reject any advice, suggestions or requests made by my coach at any time.
9. I understand that my coach will honor my confidentiality unless required by law to disclose information about me.
10. I understand that coaching is not to be used in lieu of professional advice for psychological, legal, financial, medical, tax, or other matters normally handled by other professionals.

Date of Agreement: \_\_\_\_\_

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

**Hypnotic-Coach Signature:** Zoilita Grant MS. CCHt.  
Master Hypnotic-Coach

## GOALS SHEET

List at least 3-5 goals that you want to achieve with Hypnotic-Coaching.

- 1.
- 2.
- 3.
- 4.
- 5.

List at least 3-5 goals you would like to accomplish within one year from now.

- 1.
- 2.
- 3.
- 4.
- 5.

List at least 3-5 goals you would like to accomplish within the next 5 years.

- 1.
- 2.
- 3.
- 4.
- 5.