

Casey Dixon MEd, Learning Disabilities Specialist & Life Coach

CLIENT INFORMATION & COACHING TERMS OF AGREEMENT

Please complete this agreement, review the terms, sign, and fax to 717-431-8418 before our first coaching session.

Client Information

Your Name

Home Address

.....

Day Phone Evening Phone

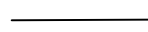
Mobile Email

Your Spouse/Partner's Name

Children (Names & Ages)

Occupation

Place of Employment



Coaching Terms

Fees: \$..... for sessions per month

Sessions Day: Monday Tuesday Wednesday Thursday Friday

Session Time: am pm Time Zone: ET CT MT PT other

Session Duration: approximately 45 minutes per session

Procedures: I will call you at the appointed time. You will not incur any phone charges.

Phone number that I should use to contact you for our sessions:

How did you hear about me?

I understand that Casey Dixon is not a licensed therapist and that I am responsible for all of my decisions, actions, and feelings.

Client signature Date

I am looking forward to coaching you! Thank you for taking the time to fill out this form.

All information will be kept confidential and will be used only to inform me and facilitate communication.