



FIFE CONSULTING

Providing Guidance, Hope, and Healing

Relationship/Retirement Consulting Client Information

Please fill out the information below. The information will help me understand better who you are and what you are seeking from counseling and/or life coaching. Please fill out this form as completely as possible. If you have any questions, please feel free to ask.

SECTION I: IDENTIFYING INFORMATION

Today's Date: _____

Name _____ Age _____ Date of Birth _____ Gender ☐ M, ☐ F
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Is it OK to leave a message at home? ☐ Yes, ☐ No
Occupation _____ Work Phone _____ Contact at work? ☐ Yes, ☐ No

Marital Status: ☐ Single, ☐ Married, ☐ Co-habiting, ☐ Separated, ☐ Divorced, ☐ Widowed

Name of Spouse/Partner _____ Age _____ Date of Birth _____

Children: Name: _____ Age: _____ Lives with you? ☐ Yes, ☐ No
Name: _____ Age: _____ Lives with you? ☐ Yes, ☐ No
Name: _____ Age: _____ Lives with you? ☐ Yes, ☐ No
Name: _____ Age: _____ Lives with you? ☐ Yes, ☐ No
Name: _____ Age: _____ Lives with you? ☐ Yes, ☐ No
Name: _____ Age: _____ Lives with you? ☐ Yes, ☐ No

Among your friends and family, whom do you count on for support?

In case of an emergency: Emergency contact person _____
Phone _____ Relationship to you _____

Referred to Stephen Fife for relationship consulting by: _____

Section II: PREVIOUS COUNSELING AND MEDICAL HISTORY

Have you ever had treatment by a psychiatrist, psychologist, or counselor in the past? ☐ Yes, ☐ No
If yes, please describe the reasons for treatment.

Was treatment helpful? ☐ Yes, ☐ No

Please list any current or previous health problems.

Please list any medications that you are currently taking (including daily dosage).



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SECTION III: DESCRIPTION OF PRESENTING PROBLEM

Please describe your primary reasons for seeking consulting (relationship/retirement).

How long has this been a concern/problem for you?

Are any events that are associated with or led to this concern/problem (traumatic event, relationship ending, etc.):

In the past/present, what has been helpful to you in dealing with this problem?

Please describe any other information that you feel is important for the relationship consultant to know.



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Relationship Consulting Guidelines

Confidentiality:

The information on this form as well as the contents of relationship consulting conversations will be kept confidential, unless you (the client or parent/guardian) give written consent for their release.

Payment:

Payment is collected at the time of each appointment. Appointment fees are \$200 per 50-minute session conducted via phone, video, or office visit, (paid by cash or check; checks should be made out to "Stephen Fife"). Additionally, clients will be billed for the consultant's time spent (beyond 10 minutes) reading lengthy client emails or documents, responding to client emails, talking on the phone, or preparing written documents as requested by clients (see Electronic Communication Policy document for policy and guidelines about email and electronic communication). The fee for a double session is \$400 for 100 minutes. The relationship consultant does not accept or bill insurance. However, a summary statement of appointments and payments is available upon request.

Appointments and Cancellation Policy:

Typically, appointments are made weekly for 50 minutes. However, this can be modified to meet your needs. If you cannot make it to an appointment, please contact Stephen Fife. Cancellation of an appointment must occur at least 24 hours before the appointment. Clients will be billed \$100 for appointments that are cancelled with less than 24 hours notice or if clients fail to attend the appointment.

Successful Outcomes:

The success of your relationship coaching depends greatly on your own ability, desire, and efforts. The consultant cannot offer any guarantee of the success of your treatment. However, you can expect that the consultant will come prepared for each session with the purpose of addressing your needs and the goals you have set for yourself in counseling. Please inform the consultant if you are unclear about something or if you feel that the sessions are not meeting your needs.

Questions:

Please ask if you have any questions regarding the information on this form or other relationship consultant policies or procedures.

Consent for Relationship Consulting: Your signature indicates your consent for Stephen Fife to provide Relationship/Retirement Consulting to you and/or family members and signifies that the information you provided is accurate and that you have read, understood, and agreed to the terms described above. Your signature also indicates that you are aware that relationship consulting is not considered professional counseling treatment and is not intended to diagnose or treat medical or mental health diseases or conditions.

Signature

Date

Signature

Date

Parent or Guardian

Date

Therapist Signature

Date