



Coaching by Karna Sundby

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406.880.2555 cell

Name: _____ Today's Date: _____

Address: _____

Age: _____ DOB: _____

Phone: (circle the best way to reach you)

Home _____ Work _____ Cell _____

Email address (print legibly please): _____

How did you hear about NLP/Karna's practice? _____

Married/Single/Divorced/In a Relationship/etc: _____ Children: _____

Occupation: _____ Perceived stress Level (0-10): _____

Are you taking any medication? _____ What? _____

Brief outline of my present condition (if there is a specific issue you would like to address):

The outcome I want is:

If you didn't have this problem, how would your life be different?

When did your present condition or problem begin?

What stops you from changing your current condition or problem?

What will be different once you have changed this situation?

Is there any area of your life which will be negatively impacted by changing this situation?

Is there anything about your situation that would be helpful for me to know?

Please list any current physical health problems and physical pain:

Please list previous significant medical or surgical problems:

Have you ever suffered a head injury that resulted in loss of consciousness or brain trauma?

Have you received in-patient psychiatric treatment, and if so: what, where and for how long?

Approximate alcohol intake per week: _____

Any other drug use? _____

Any alcoholism or addiction in your family? _____

Please complete these sentences:

The thing I like least about myself is _____

The thing I worry about most is _____

My worst habit is _____

My greatest need is _____

My greatest lack is _____

Please circle the ones that apply to you.

- | | | | |
|-----------------|-----------------|--------------------|--------------------------|
| Guilt | Addiction | Moodiness | Poor self esteem |
| Low energy | Allergies | Authority conflict | Low sense of self-worth |
| Low motivation | Phobias | Negative emotions | Poor self-image |
| Inner conflicts | Fears | Learning problems | Poor mental focus |
| Depression | Eating problems | Emotional pain | Poor task completion |
| Anxiety | Sleep problems | Abuse | Thought control problems |

Consulting Agreement

By filling-in this form, you will be agreeing to the terms of this Consulting Agreement. If you have any questions about this agreement, please feel welcome to discuss them with me.

Agreement

I, _____ (full name), agree to the following terms.

I understand that I am not obligated answer yes on any of the following items, and that Karna Sundby is not obligated to accept me as a client. Karna Sundby agrees to hold all personally identifiable content of our sessions as confidential.

I am over 21 years of age Yes____ No____

I _____ am the parent/guardian of _____

I give Karna Sundby permission to guide me in my own experiential, learnings and change processes through Life coaching, NLP and energy work. Yes____ No____

I agree to re-schedule any appointments 24 hours in advance or pay for the missed session in full. Yes____ No____

I UNDERSTAND AND AGREE THAT: *As a Certified NLP Master Practitioner and Certified Coach, Karna Sundby's consultations are intended to be complementary or alternative health care, educational, self-improvement, and/or performance coaching in nature and are not intended to be psychotherapy or counseling services. I understand and agree that Karna Sundby is not a Montana state-licensed mental health practitioner or a Montana licensed physician, and she does not provide psychotherapy, counseling or any other physical or mental health service which would require a Montana state license, nor does she hold herself out to provide such services. I understand and agree that Karna Sundby provides individualized coaching designed to help people learn how to commit to and achieve their performance goals and remove barriers they have to success. I agree that this agreement and all services provided by Karna Sundby shall be governed by the laws of the State of Montana. I agree that Karna Sundby's liability is limited to fees paid.*

Additional Comments:

SIGNATURE _____ DATE: _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____