Private Coaching with Colin E. Davis / Melissa Mari

<http://colinedavis.com>  
[colinevandavis@gmail.com](mailto:colinevandavis@gmail.com) (Colin) [marisongs@gmail.com](mailto:marisongs@gmail.com) (Melissa)

925-305-1616 PST   
Skype ID: cosmic.octave

Thank you for taking the time to inform us about yourselves and your background! We look forward to working with you! This completed form will save some coaching time and help us better address your needs. You may complete the current form, or copy and paste the text into an email, and send it to one of the email addresses above.

**Please check one or both counselors for your session** (Rates are listed on the websites).

Colin E. Davis \_\_\_\_ Melissa Mari \_\_\_\_

**Contact Information**

Your name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Place of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Skype ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date(s) of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal:**

*If you are an individual:*   
Are you in a relationship? Yes No

What is its status?

Does your partner know about or approve of your inner work practice?

*If you are a couple:*

What would you like to change about the way you currently work together on your development?

Are your parents living? If not, when did each pass?

**Psychological information**

Why are you seeking counsel?

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Have you had any previous analysis or psychotherapy? Yes No

If so, with whom, and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the general style and structure of your present inner development work?

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**Medical history** – Are there any medical conditions that we should know about?

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**Medication** – Do you take any prescription medications? Do you use any drugs or alcohol more than infrequently?

***Employment/Education/Interests***

What is/are your occupation(s)?

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What is/are your educational background(s)?

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What are your primary interests of study, work, or practice?

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Is there anything else you think we should know?

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***Additional information***

1. **Payment:** Is through Paypal.com 48 hours or more before the start of each session. Our paypal email is colinedavis@gmail.com International or US money order by mail is also acceptable. Contact us for mailing address.
2. **Cancellations:** Please notify us 24 hours or more before our scheduled session if cancelation is necessary. We will hold your payment and reschedule your session or return payment minus a 15 percent fee.
3. **Confidentiality:** Our communication and all written or discussed information is confidential andwill not be shared with a third party without your consent, except as mandated by law.
4. **Teaching.** We teach workshops online and in other public forums where we may use **thoroughly disguised**case material, changing names, details, and personal data. If you do **not** want us to use your information, please initial and date here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Disclaimer:**

The information shared in private coaching sessions is not to be confused with medical advice, legal advice or the like. Communication between Client(s) and Colin E. Davis and/or Melissa Mari is private, free speech, protected under Law. Client is advised to seek any medical advice with a licensed professional.

**Please sign and date below to indicate that you agree to the above terms:**

­­­­­­­­­­Client (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you and we look forward to working with you!***