



# LifeStyleCareCoach

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Nationally Certified Health Coach

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## REGISTRATION PACKET ~ WELCOME LETTER

Welcome to your *Lifestyle Care Coaching Program*. I look forward to working with you. The coaching sessions are approximately 50 minutes long. The format may vary depending upon circumstances. We can meet by phone, Zoom or in person. Coaching programs are offered as either single sessions (\$75), with a 4 session pak (\$240) or a 12 session pak (\$600), with payment in advance. I accept checks, money orders or bank transfers. Convenient scheduling is rarely an issue. If for any reason you decide to cancel your program after 3 of your visits the unused session costs will be refunded to you. Coaching is all about how I can assist you with what you want and need to accomplish, now.

As your coach it is my role to partner with you to provide ongoing support and accountability as you create your plan to meet and maintain your health and wellness goals. I do not diagnose, treat, prevent, or cure any conditions. Coaching is not a substitute for the advice and treatment from your qualified licensed medical professionals. Coaches do not alter your treatment plans. My goal is to work with you to identify and create the conditions for you that lead to a life of thriving and optimal wellness in any area you choose,

To get to know you better, I have attached some forms for you to fill out and return to me before our first session. These include a Personal and Health Information Form, a Coaching Assessment Form and a Program Agreement Form. The Agreement form must be signed by a parent or guardian for anyone under the age of 18 who is enrolling in a *Lifestyle Care Program*. Receipt of these forms with your payment will activate your enrollment. Please mail or email the forms to me. If you have any questions or concerns do not hesitate to call me.

Best,

*Lynda*

**HEALTHY AND VIBRANT At ALL AGES!**

**Change is so much easier when you have a partner along with you  
Together we can make it happen**

LIFESTYLE CARE COACH REGISTRATION

**PERSONAL AND HEALTH INFORMATION**

Client Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Single \_\_\_ Divorced \_\_\_ Widow/er

# Children \_\_\_\_\_ Occupation \_\_\_\_\_ Hours You Work \_\_\_\_\_

Best Phone # \_\_\_\_\_ Email \_\_\_\_\_

If underage of 18: Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Best Phone # \_\_\_\_\_ Email \_\_\_\_\_

Why do you want to participate in coaching sessions?

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What are your expectations by the end of the coaching sessions?

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Check off anything that apply to you:

- |                                                     |                                                                      |
|-----------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> food or other allergies    | <input type="checkbox"/> problems getting or staying asleep          |
| <input type="checkbox"/> digestion issues           | <input type="checkbox"/> crave sugar, cigarettes or other substances |
| <input type="checkbox"/> high or low blood pressure | <input type="checkbox"/> high or low blood sugar                     |
| <input type="checkbox"/> high cholesterol           | <input type="checkbox"/> difficulty focusing                         |
| <input type="checkbox"/> anxiety or panic attacks   | <input type="checkbox"/> low moods                                   |
| <input type="checkbox"/> lack of physical activity  | <input type="checkbox"/> poor/no self-care practices                 |
| <input type="checkbox"/> stress                     | <input type="checkbox"/> poor nutritional habits                     |

**List the current medications/supplements you currently take.**

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# LIFESTYLE CARE COACH REGISTRATION

## COACHING ASSESSMENT

How high on a scale of 1-10 would you rate yourself on the following traits with 10 being highest and 1 lowest? Next to the rating, check off any you would like to change.

_____ Physical Health	_____ Risk-taker	_____ Humble
_____ Emotional Health	_____ Calm under stress	_____ Courageous
_____ Self-regulation	_____ Positive and optimistic	_____ Persistence
_____ Energy level	_____ Life Satisfaction	_____ Passion/Purpose

What life areas are you interested in exploring with you coach?

_____ Food Choices	_____ Work/School
_____ Emotional Eating Issues	_____ Relationships
_____ Movement/Exercise	_____ Health Issues
_____ Addictive Behaviors	_____ Mood Issues
_____ Weight Issues	_____ Motivation/Focus/Organization

On a scale of 1-10 rate these statements (10 being the highest/1 the lowest)

\_\_\_\_\_ How committed are you to the coaching process?  
\_\_\_\_\_ How confident are you that you will succeed with your goals?

What changes in your life would you like to make?

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What makes you happy? \_\_\_\_\_

What makes you sad? \_\_\_\_\_

List the non-work/non-educational activities in which you participate.

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List any lifestyle changes expected in the next 6 months that you are aware of.

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## LIFESTYLE CARE COACH REGISTRATION

### ***PROGRAM AGREEMENT***

**This agreement** is between \_\_\_\_\_(client) and Lynda Pasqua (Coach) for 50-minute coaching sessions. This also includes check-ins between sessions via text and/or email as well as providing any related program handouts. Additional sessions may be added to the original program. The Client has a right to cancel the program at any time. In the event of the Client's absence or withdrawal, for whatever reason, the Client is responsible for the payments for the sessions that were begun and delivered. The Coach also reserves the right to cancel the program at any point if she feels it is not advantageous for the client to continue or requires client to seek other professional assistance. Payment for unused sessions will be refunded.

#### **Disclaimers**

The Client (Client's Parent Guardian) understands that the role of the health coach is not to prescribe or assess nutrient levels, provide health care, medical or nutritional therapy services or to diagnose, treat or cure any disease, condition or other physical or mental ailment of the human body. Rather the coach is a mentor and guide who has been trained in holistic health coaching to help clients reach their own health and wellness goals. The Client (Client's Parent/Guardian) has chosen to work with Lynda Pasqua and understands that any information received should not be construed as medical or nursing advice and is not meant to take the place of therapies provided by licensed health professionals. Client (Client's Parent/Guardian) understands that the coach is not acting in the capacity of any registered medical professional and that any information shared is not to be taken as advice to take the place of the advice of any of the client's health professionals. If the Client is under the care of a health professional and currently uses prescription medications the Client should discuss any changes with his/her doctor and should not discontinue any medications without the consent of his/her doctor

#### **Personal Responsibility and Release of Health Care Related Claims**

The Client (Client's Parent/Guardian) acknowledges that s/he takes full responsibility for the Client's well-being and all decisions made during this coaching program. The Client (Client's Parent/Guardian) releases Lynda Pasqua from any liability cause by actions of the client.

**Confidentiality**

Lynda Pasqua will keep the Client's information private and will not share the Client's information to any third party unless compelled by law or to the Client's Parent/Guardian, without Client's permission, unless compelled by the Client's Parent/Guardian.

**Choice of Law**

This agreement shall be construed according to the laws in New York and Florida, USA. If the terms of this agreement are acceptable, please sign below. In so doing the Client (Client's Parent/Guardian) acknowledges that **1)** s/he has received a copy of this **Agreement** and the attached **Personal and Health Information form** and **Coaching Assessment form** and **2)** agrees to the terms of the agreement.

Client's Name\_\_\_\_\_

Client's Signature\_\_\_\_\_Date\_\_\_\_\_

Client's Parent/Guardian Name\_\_\_\_\_

Client's Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_