



# HEALTH COACHING REQUEST

CLIENT NAME \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

What days and times would you prefer to work with a health coach?

What is your most important wellness goal? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Health Coaching Outline:**

- **Initial Consultation:** In the initial consultation, we will work with you to find which areas of health you would like to target and create goals.
- **Personalized Wellness Plan:** Once goals have been put into place, a personalized wellness plan will be created for you based on your current health status and are with your goals.
- **Follow-up Check-ins:** Upon completion of this program, two follow up phone call check-in's will be completed.

I (client) \_\_\_\_\_ agree to pay in advance for all Provision Chiropractic and Wellness Health Coaching sessions. I will be in attendance of all scheduled sessions and will give twenty-four hours notice to my coach if I will be unable to attend a session. If I fail to provide appropriate notice I understand I forfeit the fee I paid for that session. I understand the Provision refund policy for all wellness services.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Base Plan (Initial Consult and 3 sessions)	\$250	2 month expiration	
--	-------	--------------------	--

**Additional Sessions Beyond the Base Plan (Must complete the base plan in order to access additional plans).**

3 Sessions Wellness Coaching	\$150	2 month expiration	<b>STAFF ONLY</b>
2 Wellness + 2 Sessions Personal Training	\$200	2 month expiration	<b>Numbers Session Purchased</b> _____
5 Sessions Wellness Coaching	\$225	4 month expiration	<b>Total Paid:</b> _____
4 Wellness + 4 Sessions Personal Training	\$375	4 month expiration	<b>Staff Initials:</b> _____