

Ellen Forney - Rock Steady Mental Health Coaching Application Form

Please provide the following information to help determine if we are a fit to work together at this time, and to give us a running start if we do. Please know that this is not a pass-fail or judgement! Returning this form does not commit you to signing up for the program.

Information you provide here is held in confidentiality. *Leave blank any questions you would rather not answer in print.* Email the filled-out file to rocksteadycoach.com, or if you would rather print the form and send by mail, you can send it to Ellen Forney, Rock Steady Coach, POB 20442, Seattle WA 98102.

Basic Criteria

Please check that you...

____ Are fluent in English and 18+ years old.

____ Are actively seeing or have an identifiable connection to a mental health professional. My coaching complements, but doesn't replace, your work with a licensed clinician.

____ Are not in such acute mental distress right now that you would be better served by a therapist or psychiatrist (e.g., suicidal, psychotic, in the acute phases of mania or depression, processing deep-set trauma, or dealing with addiction or substance abuse). Please note that if acute issues come up during our work together, we will agree to suspend our sessions until you're back on track. Help with these issues is beyond what I can offer!

____ Are able to fill these technical requirements: a Zoom account (free), your phone or computer with camera and audio, a comfortable, private space, and reliable internet access. (Note, if you have disability issues that impede these, e.g. hard of hearing, please let me know and we can discuss options.)

____ Are able to pay in full in advance (see Payment Policies).

If you checked all of the above, please fill out the remaining pages. If you have questions about any of these criteria, I'd be happy to discuss them with you.

Personal Information

Name: _____

Mailing Address: _____

Birth Date: ____/____/____ Age: ____

Preferred pronoun(s):

Phone:

Okay to leave a message? ____

Email:

Referred by:

Emergency Contact:

Mental health provider(s), including what kind of caregiver and kind of treatment (e.g., Elliot Jones, MSW, Counselor, Cognitive Behavioral Therapy):

Health and History

If you have a mental health diagnosis(es) from a doctor, what is it? Or, if you don't have a diagnosis, how would you describe your mental health issue(s)?

Do you have any physical or other health issues you'd like me to know about (disability, chronic condition, injury)?

Have you ever had delusions or psychotic episodes? ____ If yes, please describe, and how long ago?

Have you ever had a stay in a psychiatric hospital? ____ If yes, please describe, and how long ago?

Have you ever attempted suicide or had suicidal thoughts? ____ If yes, please describe, and how long ago?

Do you take psychiatric medications? ____ If yes:

What are you taking now? How are the side effects?

What have you tried in the past? How were the side effects?

Do you consume alcohol or cannabis? ____ If yes, about how much (per week or per month)?

Do you consume any other self-directed drugs, either recreationally or for symptoms? ____ If yes, which one(s) and about how much?

Working Together

What are you hoping to work on with me?

How would you describe your current self-care?

Is there anything else you think I should know about you, at this point?

Rock Steady Coaching Programs:

Basics Program: 4 sessions

We will clarify your goals, map a personalized plan of action, and focus on developing and reinforcing skills and tools for selected areas of SMEDMERTS, including attention to sleep, charting, and routine. I recommend adding a **Follow-Up Session** after completing this program, for accountability and problem-solving.

4 sessions, once a week. Session #1 is 2 hours; Sessions #2–4 are 90 mins. \$975, all-inclusive.

Rock Steady Program: 9 sessions

This program offers more time to develop, refine, and reinforce new skills and habits. We start with an overview of your goals, routines, and tools (your SMEDMERTS), and in addition to sleep, charting, and routine, we identify and focus on other long-term maintenance goals, including red flags and flagpoles, effective research, and developing coping tools specific to you. The longer intervals between the last three sessions allow you to practice and problem-solve on your own, with an accountability partner waiting at your next milestone.

9 sessions total: 6 sessions, once a week; plus 3 sessions, individually scheduled (usually at 2- or 3-week intervals). Session #1 is 2 hours; Sessions #2–6 are 90 mins.; Sessions #7–9 are 90-mins. The Rock Steady Program includes a 10% discount from my standard hourly rate. \$1900, all-inclusive.

Follow-up Sessions:

After completing either of the programs, these 90-min. **Follow-Up Sessions** are a way to check in, mark a milestone, share a congratulations, do some trouble-shooting, or make adjustments.

90 mins., individually scheduled. \$225 per session.

Payment Policies

My fee is \$150 per hour. The full amount of the program needs to be paid in advance, at the time of scheduling the sessions.

Cancellation policy

Clients must give at least 24 hours notice to cancel and reschedule an appointment. If you miss an appointment or cancel within 24 hours of the scheduled session, you will forfeit the session and its full fee.

____ Please check that you understand and accept this policy.

Signature (or print your full name) and date:

Please email the filled-out file to rocksteadycoach@protonmail.com, or if you would rather print the form and send by mail, you can send to Ellen Forney, Rock Steady Coach, POB 20442, Seattle WA 98102.

If you'd like to request a 15-minute consultation before signing up for the program, please let me know along with your application.

Thanks, and I look forward to hearing from you. Take good care!