

## Ellen Forney - Rock Steady Mental Wellness Coaching Application Form

Please provide the following information to help ascertain 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](mailto: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?

### **Payment Policies**

The basic package is 4 sessions, once a week for four weeks. Week 1 is a 2-hour intake session to form our foundation and determine our focus; Weeks 2 and 3 are 90-minute sessions for follow-up and planning, and Week 4 is a 90-minute follow-up, assessment, and making plans for the future.

The basic package also includes limited texting every week throughout the month.

Check-in sessions, after you've done the course of four sessions, are individually-scheduled 90-minute sessions to see how you're doing, mark a milestone, share a congratulations, do some trouble-shooting, or make adjustments. I recommend waiting at least 3 weeks before your first check-in session, so you can see how things are going on your own.

My fee is \$150 per hour. The full amount of the 4-week basic package or individual check-in sessions 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](mailto: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!*