

INFORMATION SHEET

David Krueger M.D.
Telephone: 281.397.9001
Fax: 281.397.9002
www.MentorPath.com

Professional Coaching includes an initial extended evaluation, weekly telephone sessions, and perhaps e-mail, telephone and fax communication. In-person meetings are also available. Arrangements may be made to focus Coaching on your writing, speaking, or other direct working observation venues.

Date: _____ Referred by: _____

Name: _____ DOB: _____ Age: _____

Home Address: _____

_____ preferred address

Occupation: _____

Business Name: _____

Business Address: _____

_____ preferred address

Home phone: _____ Business Phone: _____

Fax line: _____ E-Mail Address: _____

Preference for DK leaving messages: _____

Preferred means of communication: _____

Names of important people in your life (spouse, partner, children, friends, etc.):

Alternate Contact: _____

Other information you want me to know:

CLIENT INTAKE FORM

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A list of priorities and information about me:

1. I want to improve or expand/extend use of the following skills or develop and create the following components to my professional/personal life:
 - A.
 - B.
 - C.

2. I want to resolve the following challenges or problems:
 - A.
 - B.
 - C.

3. I want to eliminate the following tolerations (what I'm putting up with in my life/business now):
 - A.
 - B.
 - C.

4. I want to accomplish the following measurable or observable results:
 - A.
 - B.
 - C.

5. At this point, I think that I'd like to make these fundamental changes or shifts:
 - A.
 - B.
 - C.

6. What I want and need most from you, as my coach, includes:
 - A.
 - B.
 - C.

7. Also, I want you to know that:
 - A.
 - B.
 - C.

PROFESSIONAL COACHING AGREEMENT

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I understand that I am working with David Krueger, M.D. for professional coaching at the agreed fee. I am paying this monthly retainer by check prior to the beginning of the month. We will have standing scheduled times each week by telephone or meeting in person, as deemed most useful. Additionally, we may have other interim though limited exchanges by telephone, vmail, email, or for review of faxed material without additional charge. If there are special circumstances or events that require significant time or an additional session, we can renegotiate rates.

All information will be held as confidential unless the client requests otherwise in writing.

Professional Coaching is distinctly different than counseling, psychotherapy, and psychoanalysis, and does not deal with the diagnosis or treatment of emotional problems. I am not under the medical care of Dr. Krueger, and he is not acting as a Psychiatrist or Psychoanalyst in this collaboration. Since Professional Coaching does not constitute medical consultation or treatment, any healthcare insurance does not apply.

These fees may be considered deductible business expenses.

signature

date

PROFESSIONAL COACHING PREPARATION FORM

David Krueger M.D.
Telephone: 281.397.9001
Fax: 281.397.9002
www.MentorPath.com

Date: _____

Your weekly update is a way to prepare yourself to get the most out of our time together. These documents are a way to regularly monitor yourself, for us to track progress collaboratively over time and for me to review before our sessions.

Please email or fax this form by the evening prior to the day of our session. Periodically, it may not be convenient if you are traveling or have other disruptions, so we will also create a process to set the agenda verbally for each session at the top of the time together that appointment.

1. What I have accomplished since our last session:

- ◆
- ◆
- ◆

2. What I didn't get done, but intended to do:

- ◆
- ◆
- ◆

3. Challenges and problems I am facing now:

- ◆
- ◆
- ◆

4. My best personal/professional opportunities now:

- ◆
- ◆
- ◆

5. I want to discuss during our session:



6. What action steps I commit to doing before the next session one week away:

