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Client Inventory Form

All the information in the form is **completely confidential** and it is only used to understand how to better help you reach your goals. Your email address is only used to send you the information for dates and times.

If you would like to join our newsletter and obtain high quality information about NLP for Life Coaching or info about new techniques to help you feel better, happier and more successful please [Subscribe here](#).

Your Personal Details

*Your Full Name:

*Gender:

*Date of Birth:

*Your Age:

*Marital Status:

How Long Married:

*Children:

Tel: Number

*Mobile Number:

*Email Address:

*Mandatory Fields

Exploration

1.) What is your primary reason / Goal for your session/s with me?

2.) Please list the benefits you are expecting to gain from our session. For example, if your goal is to lose weight, some benefits may be: "I want to feel healthier." or "I want to exercise more."

3.) Please list 3 concerns regarding the issue in order of importance. For example, "I'm afraid if I don't lose weight, my health will suffer."

4.) Are there currently any significant physical/mental/emotional/spiritual challenges you feel I should know?

Exploration Continued

5.) Are you currently under the care of a mental health care professional?

6.) Please list any medications you are currently taking

7.) Please list some sources of stress for you? Some examples may be, "when I don't have finances", or "when I have to publicly speak."

Contact Information: My name is Mark Csabai. I can be contacted by telephone at 082 825 5873 or online at www.mindinmotion.co.za. On Email at mark@mindinmotion.co.za

Education and Training: I was trained as a Certified NLP Master Practitioner at the American Union of Neuro Linguistic Programming. As an ordained minister, I have extensive experience in remedial and preventive counselling. I do annual continuing education to maintain my training at a high level.

Exploration Continued

Notice: *As an alternative health practitioner I am not licensed as a psychologist or mental health provider. My services are considered complementary to normal medical and psychiatric care. Please discuss medical or psychiatric concerns with your physician or mental health provider.*

Your Client Rights: If you, the client, desire a diagnosis or any other type of treatment from a different practitioner, you may seek such services at any time. In the event my services are terminated by you, you have a right to coordinated transfer of services to another practitioner. You have a right to refuse my services at any time. You have a right to be free of physical, verbal, or sexual abuse from me. You have a right to know the expected duration of treatment and may assert any right without retaliation.

Fees: The charges for my services are **R300** per hour. Fees are due and payable at the time of service. I accept cash or EFT (Electronic Finance Transfer).

My banking details are as follows:

Mark Laszlo Csabai, FNB, Cheque Account, Account Number: 62157234156, Branch Code: 230234

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record about you.

My Approach: I approach issues with the fundamental concept that you, the client, are **not broken** and have **all the resources within** you to **resolve your issues yourself**. I view my position in our relationship as an **educator** and **process facilitator** to assist you in **connecting** with your **own internal** resources to resolve your challenges.

As the **process facilitator** I will determine which processes or educational assets to use and when to apply such processes or education as I deem appropriate. As the client, it is your responsibility to cooperate with such processes and, to the best of your ability, follow through with subsequent assignments.

Client Acceptance

Outcomes: No guarantee can, or will be given as to the outcome of your coaching. You are entitled to bring a colleague to coaching sessions for support should you wish .

By my signature below, I, as the client, am signifying that I am willing to accept the coaching, techniques, and processes offered me for the purpose of vocational, avocational and/or self-improvement.

I understand that the services I receive are not a substitute for normal medical care and are hereby advised to discuss medical services with my physician.

I, *ID Number:

Agree to accept full responsibility for my choices and experiences and release Mark Csabai from all liability for such.

*Mandatory Fields



*Please be patient after clicking the send button
as the form will be loaded into your Email
client for sending.*