



## Disclosure of Past or Current Relevant Treatment Episodes

I am **currently** in treatment/consulting with the following individuals (e.g., Psychiatrist, psychotherapist, nutritionist, homeopathic practitioner, or any other behavioral health or medical / treatment professional):

Name	Address	Phone
1.		
2.		
3.		
4.		

I agree to inform the practitioners listed above that I am working with a Life Coach/Equus Coach and that our work is coaching, not therapy. I understand, and agree, that my coach does not represent herself/himself as anything other than an Equus Coach.

Agree: \_\_\_\_\_ (please initial)

Not Applicable: \_\_\_\_\_ (please initial)

If my coach and my other practitioners wish to share information or request my records, I will sign a separate document indicating exactly what type of information will be permitted to be shared.

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