SPARKLY LIFE
HEALTH COACHING

COACHING CODE ETHICS

As your coach, I agree to follow the following guidelines:

- I will not purposefully misrepresent my knowledge or expertise, either publicly or privately, and I will be open and honest about my education, certifications, and other credentials.
- I will keep the strictest confidentiality with my clients, except when doing so would endanger others.
- I will never provide information or advice that I do not believe or would not personally act
- I will adhere to all contracts, schedules, and assigned tasks with my clients and others.
- I will not intentionally exploit any coach/client relationship for monetary, professional, or other gain.
- I will uphold this code of ethics in all coaching relationships and capacities.

Shelsea O'Hanlon RN, BSN Health and Wellness

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COACHING "RULES"

Remember EveryBODY is different! Feel free to add or subtract anything that doesn't fit your body's needs.

• Eat lots of the foods that are plant based aka food that was grown from the ground. This includes:

All fruits, vegetables, beans, legumes.

• If you make smoothies, blend it and keep the pulp (fiber)

• Eat farm fresh eggs, dairy, meat (try to limit meat intake to 3x a week)

• Avoid all processed foods/ added sugar, sugar substitutes, sugar alcohol, fruit juice. Use local honey instead!

•Change your environment by removing any food or bad habits that are not in line with the new incredible you.

• Lose your "love" relationship with food that doesn't nourish and help your body. Think of it as poison. Remember that you are no longer a person who puts poison in your body.

•The best way to be successful is to prepare and plan your meals in advance. I suggest making bento boxes for breakfast and lunch. If you're more productive in the morning, then prep your dinner so you'll have an easy to make meal by the evening.

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COACHING "RULES"

Remember EveryBODY is different! Feel free to add or subtract anything that doesn't fit your body's needs.

•Drink a minimum of 10 cups of water throughout the day. Do not drink soda, juices, sweet tea, anything with added real or artificial sugar. Coffee and Unsweetened Tea is okay. Limit caffeine to 2 glasses per day.

•Move your body for 30 minutes a day (walk, yoga, stretch, anything active)

• No eating or drinking anything except water after 7pm.

•Set a night and morning routine to sleep and wake at consistent times. Set up your environment for adequate sleep.

• We aren't perfect, if you miss your target, jump right back in. No beating yourself up.

• No self deprecating/ mean comments about your body or yourself

• Look in the mirror every morning and say 5 nice things about your body.

• Meditate for 5+ minutes a day. Thank God/ higher power/ the universe for the beautiful amazing body you were given.

•This is a journey to create life long habit forming changes. It will TAKE TIME! It is far more important to gain overall health than drop weight quickly. Our goal is improved overall health and energy not a rapid weight loss "get rich quick" scheme.

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COACHING SUCCESS GUIDELINE

The Coaching Process

Life coaching can help you to meet the goals that you have for your self development when you take the time to develop a solid relationship with the coaching professional. It is the coach's objective to motivate you and hold you accountable for achieving your goals. From an outside standpoint, a life coach may be able to see areas of concern that you are not able to discern. In that sense, the process raises your awareness of a different way to handle your life progress.

What is Expected of the Client

The client is expected to attend each session on time and ready to work. They may need to be open to changes in their goals as the coaching process evolves. Coaches are not judgmental but impartial. To that end, coaches will ask the tough questions and expect the tough answers in order for growth to take place both personally and professionally, but only as it pertains to the self improvement. However, clients do maintain the right to decide what topics to cover and to terminate a subject if they don't want to discuss it further.

What is Expected of the Coach

The coach is expected to listen to the client and their desires and work within that guideline as much as possible. Guidelines will be set down for each session ahead of time so that the client is aware of what behavior will and won't be tolerated. The goal of each coaching session is to work through setbacks the client may have, clarify goals through exercises and find ways to move forward on goals with the client, i.e. creating action items. The client is expected to hold themselves accountable for what they do and don't do to make these sessions productive.

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CLIENT INTAKE FORM

Date: _____

Client Information

Title | First Name | Last Name

Name you like to be called | Date of Birth | Age

Address

City | Zip | Code

Contact Details

Home Phone | Work Phone

Cell Number | Fax (if applicable)

Email(s) | Emergency Contact

How may I contact you? Phone | Cell | Email

Personal Information

Marital Status | Spouse's Name

No. of Children | Ages of Children

Referred by (if any)

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CLIENT INTAKE FORM

On a scale of 1 to 10 (10 as high)

The quality of your life _____ Your health _____ The amount of stress _____

Here are my ways of coaching clients. Please tick which ones appeal to you.

Brainstorming strategies together	☐	Insight into who you are and your potential	☐
Suggesting or designing action steps	☐	Exploring/removing blocks to your success	☐
Accountability; checking up on goals	☐	Support, encouragement and validation	☐
Creating a vision of what you can accomplish	☐	Working through self-improvement programs together.	☐

How do you like to be supported or held accountable?

_____

_____

_____

_____

What would you like to accomplish out of your time in coaching session with me?

_____

_____

_____

_____

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PRE-SESSION FORM

01 Please describe your reasons for seeking life coaching at this time. Be as specific as possible. Example: "I want to change my life for the better." Use extra paper if you wish, you are free to express your goals.

02 Are you or have you ever been in counseling or therapy? If yes, please explain.

03 What do you expect to achieve in life as a result of hiring me as your life coach?

04 Do you consider yourself to be religious/spritual? Please describe your faith and belief, How much influence does your religion or spirituality have on your day-to-day life?

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PRE-SESSION FORM

05 What do you consider to be some of your strengths?

06 What do you consider to be some of your weakness?

07 Which aspect of working with a coach is the most exciting?

08 How committed are you to making this program work for you?

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GENERAL HEALTH, MEDICATION AND MENTAL HEALTH INFORMATION

Have you previously received any mental health services (therapy, psychiatric services, etc.)?

NO ☐ YES ☐

If yes, please list when and previous practitioner: _____

_____

Have you ever been prescribed psychiatric medication?

NO ☐ YES ☐

If yes, please list and provide dates: _____

_____

Are you currently taking any prescription medication?

NO ☐ YES ☐

If yes, please list : _____

_____

How would you rate your current physical health?

VERY GOOD ☐ GOOD ☐ SATISFACTORY ☐ UNSATISFACTORY ☐ POOR ☐

Please list any specific health problems you are currently experiencing (headaches, body, aches, stomach problems, etc.), and or any medical conditions or disabilities.

_____

_____

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GENERAL HEALTH, MEDICATION AND MENTAL HEALTH INFORMATION

01 *How would you rate your current physical health?*

VERY GOOD ☐ GOOD ☐ SATISFACTORY ☐ UNSATISFACTORY ☐ POOR ☐

Please list any specific health problems you are currently experiencing (headaches, body, aches, stomach problems, etc.), and or any medical conditions or disabilities.

Please list any previous hospitalizations for medical reasons:

02 *How would you rate your current sleeping habits?*

VERY GOOD ☐ GOOD ☐ SATISFACTORY ☐ UNSATISFACTORY ☐ POOR ☐

Please list any specific sleep problems you are currently facing:

03 *How many times per week do you generally exercise?*

ONCE ☐ 2-3 TIMES ☐ RARELY ☐

Please list what types of exercise do you participate in?

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GENERAL HEALTH, LIFE AND MENTAL HEALTH INFORMATION

04 ***Please describe any difficulties you are having with your appetite or eating habits***

_____

_____

05 ***Are you experiencing overwhelming sadness, grief, or depression at the moment?***

NO ☐ YES ☐

If yes, approximate how long? _____

_____

06 ***Are you currently experiencing anxiety, panic attacks or have any phobias?***

NO ☐ YES ☐

If yes, when did you begin experiencing this? _____

_____

07 ***Are you currently experiencing any chronic pain?***

NO ☐ YES ☐

If yes, please describe _____

_____

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GENERAL HEALTH, LIFE AND MENTAL HEALTH INFORMATION

08 ***Do you drink alcohol more than once a week?***

NO ☐ YES ☐

09 ***Have you ever been abused physically or sexually?***

NO ☐ YES ☐

10 ***Do you engage recreational drug use?***

NO ☐ YES ☐

If yes, how often? _____

11 ***Do you have suicidal thoughts?***

NO ☐ YES ☐

If yes, how often? _____

12 ***Please describe what significant life changes or stressful events have you experienced recently?***

_____

_____

_____

_____

_____

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GENERAL HEALTH, LIFE AND MENTAL HEALTH INFORMATION

Please tick the following list of symptoms and check all that you are currently experiencing:

- ☐ Low motivation
- ☐ Uncontrollable anxiety
- ☐ Lack of self-confidence
- ☐ Mood swings
- ☐ Insomnia (inability to sleep)
- ☐ Hypersomnia
- ☐ Appetite issue
- ☐ Concerns about mental stability
- ☐ Nightmares
- ☐ Excessive consumption of alcohol
- ☐ Poor body image
- ☐ Obsessions with activities

Please share your life story or history that you would like to share with me.

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CURRENT STRESS INFORMATION

My Current Stress Situation

- [ ] I am feeling stressed from going through a cycle of chaos and crisis even though the external stressors may not be happening right now
- [ ] I feel stressed because something recently has happened or I am anticipating something happening
- [ ] I am experiencing daily stress from being stuck in a situation over a long time of exposure

An accurate Stress Summary would include the following:

- [ ] I have job stress
- [ ] I have career stress
- [ ] I have purpose/spiritual stress
- [ ] I have sleep stress
- [ ] I have relationship stress
- [ ] I have physical/body/pain stress
- [ ] I have time stress
- [ ] I have food/diet stress
- [ ] I have people/friend/family stress
- [ ] I have communication stress

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CURRENT STRESS INFORMATION

My Living space

- [ ] I hate/dislike where I live (the air/environment is bad, the space is not right, too far to drive, etc.)
- [ ] My roommate/ spouse is making my living space unpleasant
- [ ] I like where I live, but the neighbors drive me crazy
- [ ] I can't keep it cleaned and/or clutter free

The People in my Life (including my Relationship)

- [ ] I have a relationship that could use some improvement
- [ ] I don't have a relationship and want one
- [ ] My family members drive me crazy
- [ ] My family members aren't part of my support system
- [ ] I have lost my parents and/or family members
- [ ] My children are a source of stress; they are stressing me out
- [ ] I don't have the support system I need from friends
- [ ] I can't find the right group of friends/community/group, I could use some

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CURRENT STRESS INFORMATION

Thoughts, perceptions and attitudes

- [ ] I tend to view a negative event as a never ending pattern
- [ ] I tend to dwell on the negatives and ignore the positives
- [ ] I tend to discount my accomplishments or positive qualities (they don't count)
- [ ] I tend to jump to conclusions: I assume people are reacting negatively to me; I predict things will turn out badly (even if I have no definite evidence)
- [ ] I tend to over-react to things and blow them way out of proportion and come up with worst case scenarios OR I tend to minimize the importance of things inappropriately
- [ ] I tend to judge myself with statements like I Should/Shouldn't or Must/Must not or Have to
- [ ] I tend to label my shortcomings. Instead of saying I made a mistake. I tell myself I am a jerk; I am a loser; I'm pathetic; I'm hopeless
- [ ] I tend to blame myself when something 'bad' happens, even if I am not entirely responsible for it
- [ ] I tend to blame others when something 'bad' happens, and may overlook ways that my own attitude or behavior might have contributed to the situation
- [ ] I tend to start a negative train of thoughts and then can't stop them

Emotions

- [ ] I feel anxious, worried, and/or uneasy
- [ ] I feel sad, depressed, and/or unhappy
- [ ] I have a short fuse and get upset quickly
- [ ] I feel frustrated, annoyed, and/or angry
- [ ] I have anxiety attacks

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CURRENT STRESS INFORMATION

Body

- [ ] I have many aches and pains in my body
- [ ] I have tension in my muscles
- [ ] I have indigestion, heartburn, and/or upset stomach
- [ ] I have tension headaches, migraines
- [ ] I don't exercise on a regular basis and don't move much
- [ ] I tend to eat more when I'm stressed (and I have my special comfort foods)
- [ ] I tend to eat less when I'm stressed (my body & stomach hurts so I can't eat)
- [ ] I don't pay much attention to my body; I don't like my body so it's best to ignore its messages

Finance

- [ ] I worry about money all the time
- [ ] I don't make enough money
- [ ] I don't know how much money is going out (I don't balance my check book)
- [ ] I don't have retirement/savings/rainy day money and worry about it
- [ ] I don't have help from family/spouse for money challenges
- [ ] I don't know how much money is coming in

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CURRENT STRESS INFORMATION

Career / Business

- [ ] I am thinking about quitting my job
- [ ] I have a job, but it isn't my career and I feel stuck
- [ ] I love my work, but... (there's too much of it, I don't get paid enough, etc.)
- [ ] If only the people were different, I would like my job
- [ ] I can't figure out the right career
- [ ] I am out of work and need work
- [ ] I am retiring and not sure what comes next
- [ ] I want to start my own business but I don't know how to start

Sleep

- [ ] I feel tired, fatigued, and/or exhausted most of the time
- [ ] I can't feel asleep at night. (imsonia)
- [ ] I have hypersomnia (excessive sleepiness)
- [ ] I'm overthinking when trying to sleep

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LIFE CHANGES GOALS

Please list any changes you would like to make in the following areas:

FAMILY

HEALTH

FINANCIAL SITUATION

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LIFE CHANGES GOALS

Please list any changes you would like to make in the following areas:

CAREER OR BUSINESS LIFE

PERSONAL GROWTH

RELATIONSHIPS

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GOAL SETTING

Setting goals is important to assisting you in determining what you want, motivating you to pursue your objectives, and charting a clear, actionable path to get there.

01 What are the biggest changes you want to make in your life in the next 3 months?

02 What are the biggest changes you want to make in your life over the next 3 years?

03 What do you most want to achieve for yourself in your life?

04 What are the restraining forces keeping you from achieve this?

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GOAL SETTING

05 Which aspects of your life are in need of improvement?

06 What could we help on that would make the biggest difference to your life?

07 Who are or have been your major role models? why?

08 What are three activities that you engage in on a consistent basis that do not benefit or support you?