



Teresa McCurry, C.N.H.P.

WELLNESS COACHING AGREEMENT

Please complete, sign, and send with your Credit/Debit Card Pre-Authorization form by fax to: **888-289-2171**

or mail to: **Passionate Health, 101 Old Mountain Rd., Powder Springs, GA 30127**

Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

City, State, Zip: _____

Country: _____ E-Mail Address: _____

Person or place referring you to Teresa McCurry, C.N.H.P.: _____

Please check the Coaching Option you choose:

Coaching Option #1 Introductory Special: Get to know your Wellness Coach and enjoy her undivided attention to *your* specific health concerns and questions. One 30 minute phone consult and 2 e-mail communications.

Fee: \$45.00 in advance.

Coaching Option #2: "Personal Health Blueprint" plus a total of 10 e-mail communications within the following 8 weeks. Fee: \$150.00 in advance.

Coaching Option #3: "Personal Health Blueprint" plus a total of three 30 minute telephone consultations and an unlimited number of e-mail communications within the initial month. Fee: \$275.00 in advance.

Coaching Option #4: After completion of Options #1 or #2, you may choose unlimited e-mail communications plus three 30 minute telephone consultations per month. Fee: \$135.00 per month in advance.

Coaching Option #5: After completion of Options #1 or #2, you may choose 10 e-mail communications per month. Fee: \$45.00 per month in advance.

Please read the following, sign and date:

As a wellness coaching client, I understand and agree that I am fully responsible for my well-being during my time of coaching, including my choices and decisions. I understand that the information I receive from Teresa McCurry, CNHP or Passionate Health is only for the purpose to teach about nutrition and better health practices, and that I will be offered information about food supplements and herbs as a guide to general good health. This is considered a personal ministry.

I fully understand that those who counsel me are not medical doctors or practitioners and I am not requesting any medical or diagnostic procedures. I am not an agent for federal, state, or local agencies or on a mission of entrapment or investigation. The services performed by Teresa McCurry, CNHP or others are at all times restricted to coaching on the subject of nutritional matters intended for the maintenance of the best possible state of nutritional health and is not involved in the diagnosing, treatment or prescribing of remedies for disease.

Date _____ Signature _____