



CLIENT INTAKE FORM

A. Client Profile

Full Legal Name: _____

Preferred Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____ Alt Contact Number: _____

Ok to leave voicemail? Yes No

E-mail address: _____

Place of employment: _____

Highest grade completed: _____

Military service: _____

Partner Name: _____

Co-Parent's Name: _____

Children's names and dates of birth (if applicable):

Emergency Contact Info:

Name: _____ Phone Number: _____

Relationship to You: _____

B. General Questionnaire

Briefly describe the reason(s) you are seeking coaching / counseling:

Give the current roadblocks in the way of the above accomplishment.

Tell me what you most appreciate about your current situation.

List your family's strengths.

List your strengths.

Who are your best supporters?

How do you take care of yourself?

Briefly describe your general health including any medication you are currently taking.

Are you currently experiencing anxiety, panic attacks, or phobias?

Are you currently experiencing any chronic pain?

What is your primary source of stress relief?

Briefly describe your habits for sleeping / eating / exercise.

Briefly describe your habits for alcohol / recreational drug use.

What additional background information can you provide that you think would be most helpful to me when coaching / counseling with you?

C. FAMILY MENTAL HEALTH HISTORY

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.)

Please Check and List Family Member:

Alcohol/Substance Abuse Yes No

Anxiety Yes No

Bi-Polar Yes No

Depression Yes No

Domestic Violence Yes No

Eating Disorders Yes No

Obesity Yes No

Obsessive Compulsive Behavior Yes No

Schizophrenia Yes No

Suicide Attempts Yes No

Other:

Have you previously met with a coach / counselor?