



CLIENT INTAKE FORM

A. Client Profile

Full Legal Name: _____

Preferred Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____ Date of Birth: _____

Ok to leave voicemail? Yes No

E-mail address: _____

Partner's Name: _____

Date / Place of Marriage (if applicable): _____

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

Emergency Contact Info other than your partner:

Name: _____ Phone Number: _____

Relationship to You: _____

B. General Questionnaire

What 3-5 words best describe your partner:

Briefly describe what most attracts you to your partner?

Why are seeking marriage counseling?

Describe how you met your partner.

What do you most appreciate about your relationship?

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, depression, or chronic pain?

What is your primary source of stress relief?

What are your favorite recreational activities?

Describe your work-life including job title, primary responsibilities and work hours:

Circle the number that best represents your level of job satisfaction:

0 1 2 3 4 5 6 7 8 9 10
low high

Describe your relationships with your family:

Describe what you learned about relationships growing up.

Describe any traumatic events that impact your relationship.

Circle the number that best represents your current level of self-esteem:

0 1 2 3 4 5 6 7 8 9 10
low high

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?

Yes No