

## LIFE COACHING CLIENT INTAKE FORM

Welcome. To help me serve you better, I ask that you take a few moments to provide the following information as completely as possible. All information is subject to the rules of confidentiality. Feel free to write in longhand, but please do so legibly.

If you need more writing space, please use an extra piece of paper. Please do not leave any question blank. Place 'n/a' for any question that may 'not apply'.

### PERSONAL INFORMATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Today's Date \_\_\_\_\_

May we call you at your home? Yes \_\_\_\_\_ No \_\_\_\_\_

May we leave a message at your home? Yes \_\_\_\_\_ No \_\_\_\_\_

May we write you at your home? Yes \_\_\_\_\_ No \_\_\_\_\_

May we call you at your work place? Yes \_\_\_\_\_ No \_\_\_\_\_

May we leave a message at your work place? Yes \_\_\_\_\_ No \_\_\_\_\_

May we call and leave a message on your cell phone? Yes \_\_\_\_\_ No \_\_\_\_\_

May we use texting to communicate with you? Yes \_\_\_\_\_ No \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security Number: \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

Who referred you to the Center? \_\_\_\_\_

Who referred you to the specific Coach? \_\_\_\_\_

### MARITAL HISTORY

Current Marital Status: Never Married \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Name of current spouse (if applicable) \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Are you currently cohabitating? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you consider your partner your common law spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

**Self**

Name of Previous Spouse	Date of Marriage	Date of Divorce/Death
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Spouse**

Name of Previous Spouse	Date of Marriage	Date of Divorce/Death
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**EDUCATION**

Did you graduate high school? Yes \_\_\_\_\_ No \_\_\_\_\_ GED? \_\_\_\_\_

If so, where? \_\_\_\_\_

If not, why not? \_\_\_\_\_

If not, what was the highest grade achieved? \_\_\_\_\_

Did you earn a college degree? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when, where, and in what? \_\_\_\_\_

\_\_\_\_\_

Did you earn a graduate degree? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when, where, and in what? \_\_\_\_\_

\_\_\_\_\_

Have you earned or are working toward a PhD or equivalent status? Yes \_\_\_\_\_

No \_\_\_\_\_. If so, in what? \_\_\_\_\_

What is your spouse's education Level? GED \_\_\_\_\_ High School Graduate \_\_\_\_\_

College Degree \_\_\_\_\_ Graduate Degree \_\_\_\_\_ PhD or higher. \_\_\_\_\_

**Children Living in Household**

Name	Gender	Age	Diagnosed ongoing problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Children not living in household**

Name	Gender	Age	Diagnosed ongoing problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RELIGIOUS VALUES AND BELIEFS**

Are you currently attending a church regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of the church? \_\_\_\_\_

What is the denomination of the church? \_\_\_\_\_

How active are you in faith related activities? \_\_\_\_\_

Do you consider yourself a born-again Christian? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Do you have a personal faith story: Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_?

Are religious or spiritual issues important in your life? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you aware of any religious or spiritual resources in your life that could be used to help you overcome your current challenges? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

If married, do you & your spouse have similar faith beliefs? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you desire faith-based methodologies to be used during the counseling process? Yes \_\_\_\_\_ No \_\_\_\_\_

**HEALTH INFORMATION**

How would you rate your health? \_\_\_\_\_

On average, how many hours do you sleep each night? \_\_\_\_\_

Do you experience food cravings? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, for what items? \_\_\_\_\_

How would you rate your diet? Healthy & wise \_\_\_\_\_ Healthy & ok \_\_\_\_\_

Average \_\_\_\_\_ Needs Improvement \_\_\_\_\_ Poor \_\_\_\_\_ Beyond Poor \_\_\_\_\_

Are you presently experiencing any major life changes? Yes \_\_\_\_\_ No \_\_\_\_\_. If

so, please explain briefly. \_\_\_\_\_

\_\_\_\_\_

List any special needs you have. \_\_\_\_\_

\_\_\_\_\_

**PERSONAL CONCERNS** (that brings you to a professional coach)

What issues are you seeking help for? \_\_\_\_\_

\_\_\_\_\_

On a scale of one to ten (ten being the most), how much are you troubled by the issue identified above? \_\_\_\_\_

What have you previously done to correct the problems? \_\_\_\_\_

\_\_\_\_\_

Are you presently seeing a *counselor*? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, who? \_\_\_\_\_

If so, how often? \_\_\_\_\_

If so, for what? \_\_\_\_\_

Have you engaged in professional coaching before? Yes \_\_\_\_\_ No \_\_\_\_\_

**THOUGHTS AND BEHAVIORS**

Please circle how often the following thoughts or behaviors occur. They are in no particular order, so please don't read too much into them. Answer them quickly and honestly.

	Never	Rarely	Occasionally	Often	Constantly						
Life is hopeless.	0	1	2	3	4	5	6	7	8	9	10
I feel lonely.	0	1	2	3	4	5	6	7	8	9	10
I feel like a failure.	0	1	2	3	4	5	6	7	8	9	10
Most people don't like me.	0	1	2	3	4	5	6	7	8	9	10
God is disappointed in me.	0	1	2	3	4	5	6	7	8	9	10
I can't concentrate.	0	1	2	3	4	5	6	7	8	9	10
I feel depressed.	0	1	2	3	4	5	6	7	8	9	10
Why am I so different?	0	1	2	3	4	5	6	7	8	9	10
I can't do anything right.	0	1	2	3	4	5	6	7	8	9	10
No one cares about me.	0	1	2	3	4	5	6	7	8	9	10
I blame others for my mistakes.	0	1	2	3	4	5	6	7	8	9	10
I don't pay attention to details.	0	1	2	3	4	5	6	7	8	9	10
I make careless mistakes.	0	1	2	3	4	5	6	7	8	9	10
I am easily distracted.	0	1	2	3	4	5	6	7	8	9	10
I feel fatigued.	0	1	2	3	4	5	6	7	8	9	10
I feel anxious &/or nervous.	0	1	2	3	4	5	6	7	8	9	10
I worry excessively.	0	1	2	3	4	5	6	7	8	9	10
I have trouble sleeping.	0	1	2	3	4	5	6	7	8	9	10
I worry over money.	0	1	2	3	4	5	6	7	8	9	10
I have suffered recent loss.	0	1	2	3	4	5	6	7	8	9	10
I am in conflict w/others.	0	1	2	3	4	5	6	7	8	9	10
I am shy/avoidant/withdrawn.	0	1	2	3	4	5	6	7	8	9	10
I feel loved.	0	1	2	3	4	5	6	7	8	9	10
I feel unloved.	0	1	2	3	4	5	6	7	8	9	10
I feel reasonably happy.	0	1	2	3	4	5	6	7	8	9	10
I am satisfied w/life.	0	1	2	3	4	5	6	7	8	9	10
I am not satisfied w/life.	0	1	2	3	4	5	6	7	8	9	10
God loves me.	0	1	2	3	4	5	6	7	8	9	10
I have difficulty making friends.	0	1	2	3	4	5	6	7	8	9	10
I hate myself.	0	1	2	3	4	5	6	7	8	9	10
I am ugly, homely.	0	1	2	3	4	5	6	7	8	9	10
I feel fearful for no reason.	0	1	2	3	4	5	6	7	8	9	10
My situation is hopeless.	0	1	2	3	4	5	6	7	8	9	10
I fear taking reasonable risk.	0	1	2	3	4	5	6	7	8	9	10
I have trouble saying 'no'.	0	1	2	3	4	5	6	7	8	9	10
I have trouble sleeping.	0	1	2	3	4	5	6	7	8	9	10
I am really glad this is the last response 😊	2	3	4	5	6	7	8	9	10		

Please comment (e.g., examples, frequency, duration, effects on you) about each of the above thoughts that occur frequently (more than 6) or are a concern to you. Use the back of this sheet if necessary.

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**Fears**

Disorganized Thoughts     Worrying     Avoiding People

**Stress**

Physical Symptoms of Stress     Inability to Adapt     Burnout  
 Fatigue     Anxiety     Irritability  
 Sleeping Problems     Stomach Problems     Hopelessness  
 Helplessness     Difficulty Making Decisions  
 Exhausted, having nothing left to give anything/anyone

Please give examples of how each of the above fears/stress symptoms that you checked impair your ability to succeed (i.e., socially, emotionally, occupationally, physically, etc.) Use the back of this sheet if necessary.

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What major losses or traumas have you experienced? \_\_\_\_\_

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What do you hope to achieve through the coaching process? In other words, what are your goals? \_\_\_\_\_

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## EMERGENCY CONTACT

Whom should we contact in case of emergency? **Note:** By providing information you are giving me your consent to contact the person indicated for the reasons mentioned.

Primary contact person (Typically a spouse or parent):

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Secondary contact person:

Name \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Filling out this form is an important second step in addressing the issues that concern you. The first step was calling a coach and asking for help. Perhaps unbeknown to you, your coaching has already begun, and you are well on your way to reaching your goals.

**Thank you for choosing us to serve you. We appreciate the opportunity.**