

Life Coaching Intake

(please print and complete this form and bring to your first session)

I. General Information

Date: _____

Client:

Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Phone: Cell: _____ May I use this number to text you: Yes / No

Age: _____ Date of Birth: _____

Place of Employment: _____ Occupation: _____

Education: ___ High School ___ Vocational Training ___ College ___ Professional Degree

Spouse/Partner or Significant Other:

Name: _____ Email Address: _____

Phone: Cell: _____ May I use this number as an emergency contact

Age: _____ Date of Birth: _____

Place of Employment: _____ Occupation: _____

Education: ___ High School ___ Vocational Training ___ College ___ Professional Degree

II. Referral Source

Physician Another Client Self Referred
 Employer Website Other _____
 Clergy Tri-County Directory
 Court Other Clinic or Therapist

III. Physical and Medical Health History

Physical Health (My ability to balance and support my physical body).

How would you rate your overall physical health?

Excellent Great Good Fair Poor

Have you had any significant accidents or head injuries in the past three years?

___ No ___ Yes,

Have you had any major illnesses or hospitalizations in the past three years?

___ No ___ Yes,

Are you currently under the care of a physician?

No Yes, (name), _____

Do you eat a balanced diet? No Yes Try to

How would you characterize your size?

Very thin Thin About average
 A little overweight Overweight Very overweight
 I have gained / lost _____ pounds within the last six months

Do you participate in a regular exercise program?

No Yes, _____

Have you had any problems relating to sleep? No Yes, _____

What medications are you currently taking?

None Pain pills Anti-inflammatory pills
 Antibiotics Heart pills Anticonvulsant pills
 Tranquilizers Allergy pills Vitamins
 Insulin Stomach pills High blood pressure pills
 Antidepressants: _____ Other: _____

Which of the following drugs have you used?

None Alcohol Tranquilizers without a prescription
 Cocaine Amphetamines Pain pills without a prescription
 Crack Crank Barbiturates
 Quaaludes Heroin Hallucinogens
 Marijuana PCP Opium
 Other: _____

Which of the above drugs are you currently using and how often per week?

Do you smoke cigarettes? No, never have No, I quit smoking
 Yes, less than a pack a day Yes, a pack a day Yes, more than a pack a day

Have you ever been involved in an alcohol or drug treatment program?

No Yes, _____

Have you ever had a DWI or DUI? No Yes, _____

Are there any other health or medical related concerns we should be aware of:

Have you ever been hospitalized or involved in an in-patient treatment program?

No Yes (when and where) _____

IV. Work Health (My ability to feel satisfied and connected to my job).

How would you rate your overall work satisfaction

Excellent Great Good Fair Poor

What do you like about your work?

What creates frustration or challenge for you at work?

What goals or dreams do you have for your work life?

V. Financial Health (My ability to provide stable support for my economic needs).

How would you rate your overall financial health?

Excellent Great Good Fair Poor

Do you experience regular stress or worry about finances?

Do you feel satisfied with your current level of earnings?

VI. Emotional Health (My ability to balance my feelings, emotions and moods).

How would you rate your overall emotional health?

Excellent Great Good Fair Poor

Do you currently struggle with anxiety, sadness, depression, grief or other mood related imbalances, or have you in the past? Please describe.

VII. Mental Health (My ability to maintain positive thoughts, high self-esteem, an optimistic outlook and productive creative energy in my life).

How would you rate your overall mental health

Excellent Great Good Fair Poor

Do you struggle with repetitive/chronic negative thoughts or beliefs about yourself or your life circumstances? Please describe.

VIII. Spiritual Health (My sense of meaning, purpose and connection to something bigger than my everyday task list).

How would you rate your overall spiritual health

- Excellent Great Good Fair Poor

Were you raised in a religious tradition and are you currently engaged in a religious organization or community?

Have you practiced or are you interested in meditation, centering or other spiritual practices?

Where in your life do you experience a sense of deeper meaning, purpose or connection?

IX. Family History

Family of Origin

Children in my family of origin in order of birth (include yourself):

	Name	Age	Married Yes/No	Occupation	Relationship is Close or Distant
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

My father worked as _____ Father's name: _____
 _____ was generally satisfied with life _____ was generally unsatisfied with life
 _____ was generally a responsible person _____ was generally not a responsible person
 _____ was cold and distant _____ was warm and close
 _____ liked me _____ didn't like me _____ was indifferent towards me
 _____ is living and resides at _____
 _____ died in _____ when I was age _____ from _____

My mother worked as _____ Mother's name: _____
 _____ was generally satisfied with life _____ was generally unsatisfied with life
 _____ was generally a responsible person _____ was generally not a responsible person
 _____ was cold and distant _____ was warm and close
 _____ liked me _____ didn't like me _____ was indifferent towards me
 _____ is living and resides at _____
 _____ died in _____ when I was age _____ from _____

Were you abused as a child?

- Yes Emotional Verbal
 No Physical Sexual

What did your parents (parental caretakers) argue about? (answer all that apply)

Never argued Money Relatives interfering
 Sex Drinking Discipline of children
 Jealousy Not taking care of the home Not being a good provider

Who provided the main source of income for your family?

Mother Father A relative
 Social service agencies A friend of the family Other

Rate your family's economic status during childhood and adolescence.

Received welfare Middle class
 Working class Upper middle class
 Working class Wealthy

Have any family members ever experienced mental illness or abused drugs or alcohol?
(answer all that apply)

No Sibling(s) brother(s) sisters(s)
 I have Grandparent(s)
 Mother Outside the immediate family
 Father

Other persons or family members that are/have been significant in my life (i.e. grandparents, aunts, uncles, teachers, friends):

The member of my family that I feel closest to is _____

The member of my family that I feel most distant from is _____

As a child I would describe myself as _____

My family members would describe me as _____

The best part of my childhood was _____

The most difficult part of my childhood was _____

Marital Status:

Single Engaged Married Living together unmarried
 Separated Divorced Widowed Prior Marriages _____

How long have you been with your current partner? _____

How well do you feel your partner fulfills his/her role with you?

Very well Fairly well Poorly Very poorly Does not apply

How would you describe your partner? (answer all that apply)

- Unhappy Indifferent Boring Tense Unforgiving
- Distant Uncaring Unpleasant Abusive Argumentative
- Perfect Warm Stimulating Happy Enjoyable
- Affectionate Understanding Faultfinding Does not apply

How would you characterize your sexual experience in general?

- Pleasant Neutral Unpleasant Does not apply

My Children:

	Name	Age	Married Yes/No	Occupation	Relationship is Close or Distant
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

(use back of form for additional children)

X. Reasons for Seeking Life Coaching at this time (use the back of the form if needed):

The main reasons I am seeking life coaching at this time are:

The most important thing I hope to change and/or learn through coaching is:

My expectations of the coaching process are:

My concerns about the coaching process are:

Any other information that would be helpful to know to support your process: