

## Coach Name and Contact Here

Thank you so much for your commitment to your own wellbeing, and for seeking coaching to improve your life.

Please fill out the forms below. The purpose of these forms is to provide me with background information in order to serve you better. Your medical and personal information is confidential.

### Intake Form

Name:	Date:
Home Phone:	Emergency Contact Name:
Cell Phone:	Relationship:
Work Phone:*	Phone:
Education Level: <input type="radio"/> High School <input type="radio"/> Primary School <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Doctorate	<input type="radio"/> *I prefer not to be contacted at work
Email:	
Are You: <input type="radio"/> Partnered <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Divorced	Time Zone:
Age:	Gender:

Primary Care Provider

Name

Email Address

Phone Number

Mental Health Counselor (If applicable)

Name

Email Address

Phone Number

Please list any significant medical events in your life, such as accidents, trauma, and major illness, as well as the approximate date of each.

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Please indicate how much pain you have today on a scale of 1 to 10 (1= NO pain and 10 = MAXIMUM possible pain) and its location

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NO PAIN 1 2 3 4 5 6 7 8 9 10 MAXIMUM PAIN

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Location:

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Please list any medical conditions with which you have currently been diagnosed.

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Please list any mental health conditions with which you have previously been diagnosed.

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Do you have a history of family violence as a child?     Yes         No

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If yes, provide a brief summary of your experiences of violence:

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Please list any medications that you are currently taking.

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Are you receiving any other kinds of healing modalities?     Yes         No

If so, please list:

What is the most important consideration that has prompted you to seek coaching?

If you were to be able to eliminate one major traumatic event from your life history, what would it be?

To the best of my knowledge, I have listed all of my past and current conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_