

NEW CLIENT INTAKE FORM

Please provide the following information and answer the questions below.

NOTE: Use the Adobe Acrobat fill/sign option for ease of completing this form. Alternatively, you can write or type in the answers – whatever works best for you

Name: _____

What do you prefer to be called (preferred name)? _____

Date of birth: _____ State/country of residence: _____

Email address: _____

Phone number: _____ Is it okay to leave a message at this number? _____

Occupation: _____

Highest level of education: _____

Marital status: Single ___ Married ___ Domestic partnership ___ Divorced ___ Widowed ___

Other (please clarify - e.g. polyamorous, separated, etc) _____

Please explain anything else you'd like me to know concerning demographics _____

How would you describe your overall physical health? _____

How would you describe your current mental health? _____

What's your sleep like? _____

Do you exercise regularly? _____ Do you drink alcohol regularly? _____ Marijuana use? _____

If yes, how much and how often (alcohol and/or marijuana) ? _____

What are your eating habits? _____

Are you currently taking any medications? _____ If yes, please list _____

Are you currently seeing a therapist? _____ If so, please describe what you're working on _____

For appointment scheduling, what are the best:

Days of the week: _____

Times of day (include time zone): _____

What are you seeking coaching/mentoring for at this time? _____

Signature _____

Date _____