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| --- | --- | --- |
|  | **Client Intake Form** |  |
|  |  | | | | |  |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | |  | | Date | | | |  | |  | | |  | | | | |  |  | | | | | | | | | | | Client Name | | | | |  | Marital Status | | | | | | | | | | | Client Information | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | |  | | | | | | | Main Phone Number | | Alternative Number | | | | | | | Skype or Zoom User ID | | | | | | | |  | | | | | | | | | | | | | | | | | Email Address | | | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | |  |  | | City |  | | State | | | | |  | |  | | | | | | |  | | | | | | | | | | | | | | | | | Occupation/Education | | | | | | | | | | | | | | | | |  | | | | |  |  | | | | | | | | | | | DOB | | | | |  | Gender/Preferred Pronouns | | | | | | | | | | |  | | | | |  |  | | | | | | | | | | | Availability for Follow-ups | | | | |  |  | | | | | | | | | | | Service needed | | | | |  | Other Requests | | | | | | | | | | | | | | |  |

Please answer the following questions; On a scale of 1-10 (1 being not at all and 10 being strongly agree) Put an X on the right side or highlight the number that represents how you would describe yourself.

|  |  |  |
| --- | --- | --- |
| **I am optimistic/hopeful** | 1 2 3 4 5 | 6 7 8 9 10 |
| **I am satisfied with my life** | 1 2 3 4 5 | 6 7 8 9 10 |
| **I am satisfied with my health** | 1 2 3 4 5 | 6 7 8 9 10 |
| **I am satisfied with my finances/job** | 1 2 3 4 5 | 6 7 8 9 10 |
| **I am satisfied with my social life** | 1 2 3 4 5 | 6 7 8 9 10 |
| **I feel good about my personal relationships** | 1 2 3 4 5 | 6 7 8 9 10 |

Not at all Strongly Agree

I understand that in working with a life coach I do not hold them responsible for any medical, psychological, or other healthcare professional advice. I understand this service is for consulting and expressing my concerns/goals that I want to work towards and finding the answers within. I operate at my own free will and will take advice as I see fit for my overall well being.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date