Date of Service: \_\_\_\_\_\_\_\_\_\_\_ Time of Service: \_\_\_\_\_\_\_\_\_\_ ­­­­­­­­

**­­­­­­­­­­­­­­COACHING INTAKE FORM**

DEMOGRAPHICS:

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If in school, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the three biggest goals you want to achieve in the next 12 months?

What lifestyle changes would you like to implement and achieve?

What supports do you need to achieve your goals?

What obstacles do you face in achieving your goals?

What has been your greatest accomplishments?

What have been your greatest challenges?

What do you value in others?

Have you experienced any major transitions in your life over the last five years?

What thoughts typically pass through your mind?

What parts of your life do not seem to fit who you are?

What parts of your life do fit who you are?

What do you always find time for?

What are your skills and abilities?

If you are still in school, how do you do?

PERTINENT HISTORY (Prior Coaching and Therapy, Medical Issues):

FAMILY/PEOPLE YOU LIVE WITH and/or IMPORTANT PEOPLE IN YOUR LIFE:

WILL ANYONE ELSE BE INVOLVED IN YOUR COACHING?

HOW WILL YOU KNOW WHEN YOU HAVE GROWN and ARE READY TO GO?

HOW LONG DO YOU EXPECT OUR COACHING TO LAST TO ACHIEVE THE GOALS YOU HAVE SET FORTH? \_\_\_\_\_\_\_\_\_\_ (typical change is 3-6 months)