

Date: _____

Life Coaching Intake Form (Part 1)

Please provide the following information. Information you provide is confidential just as in therapy. Please print out this form and bring it to your first session or allow yourself 15 minutes prior to your appointment to complete the form in the office.

Name: _____

(First)

(Last)

(Middle Initial)

Name of parent/guardian (if you are a minor):

(First)

(Last)

(Middle Initial)

Birth Date: ____ / ____ / ____ **Age:** ____ **Gender:** Male Female

Address: _____
(Street and Number) (City) (State) (Zip)

Home Phone: () _____ May we leave a message? Yes No

Cell Phone: () _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please be aware that email might not be confidential.

Marital Status:

Never Married Partnered Married Separated Divorced Widowed

If married, name of spouse: _____

Name of children and ages: _____

Referred by: (check any that apply)

Psychology Today

Internet Search/Website

Family or Friend

Physician/Psychiatrist _____