



Vincent's 17andBeyond Life Coaching New Client Intake Form

Client Information

Please provide the following information and answer the questions below.

Name: _____

Date: _____

Home Phone: _____ Cell Phone: _____

Best time to call? _____ Is it okay to leave messages at these numbers?

Yes No If no, please list which number it is okay to leave a message _____

E-Mail Address:

Street Address

City _____

State _____ Zip _____

How long have you been living at this address? _____

Occupation: _____ Date of Birth: _____

For appointment scheduling, what is the Best Time of Day: _____

Days of the week: _____

Marital Status: Never Married Married Domestic Partnership Divorced Widowed

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____

Please list the names and relationships of the five most important people in your life:

1. _____

2. _____

3. _____

4. _____

5. _____

Do you have pets? Yes No If yes, please list:

Education: _____

How would you rate your overall physical health? Excellent Great Good Fair Poor

Do you have any sleep problems? Yes No If yes, please describe: _____

Are you dealing with any past or current addictions? Yes No If yes, please describe:

Have you had any issues with Depression, Anxiety, or ADD/ADHD (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder)? Yes No

If yes, please describe: _____

Are you currently seeing a therapist? Yes No If yes, please describe what issues you are addressing in therapy:

Are you currently taking any medications? Yes No If yes, please list:

Are you usually: Early On Time Running Late

Do you exercise regularly? Yes No

If yes, please describe what you do and how often:

How often do you watch television?

What are your favorite hobbies and sports?

What do like for fun?

What is your spiritual orientation?

When you treat yourself, what are things you like to do?

What is your idea of a perfect vacation?

How did you hear about me? _____