

SAMPLE INTAKE FORM

This intake form is NOT consent to form a therapeutic relationship. *The first section, with *, is required. I do need an emergency contact should we get disconnected online and I am concerned for your safety or emotional wellbeing. I will only share what is absolutely necessary with your contact. If I cannot reach your emergency contact, or you do not put one down, I may call 911.*

*Name: _____ *Date: _____

*Address: _____

*City: _____ *Province: _____ *Postal Code: _____

*Home Phone: _____ *Cell Phone: _____

*Email: _____

*Emergency Contact - Name: _____ *Cell: _____

*Referral (how did you hear about me): _____

General Info:

Gender: _____ Birth date: _____ ☐ Heterosexual ☐ LGBTQ+ other: _____

Marital Status (check currently): ☐ single, no partner ☐ single, steady partner ☐ living together
☐ married ☐ separated ☐ divorced ☐ widowed ☐ other: _____

Education: ☐ No formal ☐ Elementary ☐ High school ☐ Some college ☐ technical training, etc. ☐ Degree
What major/degree/certificate: _____

Family income: ☐ under \$20,000 ☐ \$20-40,000 ☐ \$40-60,000 ☐ \$60-80,000 ☐ \$80-100,000 ☐ \$100+

Any outstanding debts that are in arrears (behind in)? ☐ Yes ☐ No Facing any legal actions? ☐ Yes ☐ No

Religion, cultural/racial background, or other group(s) you identify with: _____

To what degree do your family or friends support you overall (1-unsupportive, 10- very supportive)? _____

Do you have a satisfactory network of friends, family, or groups? ☐ Yes ☐ No

What is your current level of stress, 1- low to 10 high? _____

If you were to rate your mood on a scale from 1-10, with 1 meaning that life isn't worth living and 10 meaning that life couldn't be greater, and you are optimistic about your future, where would you put yourself now? _____

Have you ever had suicidal thoughts? ☐ Yes ☐ No When? _____

Have you ever attempted suicide? ☐ Yes ☐ No When? _____

Do you currently have thoughts of suicide? ☐ Yes ☐ No

Have you ever had paranoid thoughts? ☐ Yes ☐ No Do you currently have those thoughts? ☐ Yes ☐ No

Have you ever had homicidal thoughts? ☐ Yes ☐ No Do you currently have those thoughts? ☐ Yes ☐ No

Have you ever had hallucinations (outside of drug use)? ☐ Yes ☐ No If yes, when and what were the circumstances? _____

Have you seen a life coach or counsellor before? ☐ Yes ☐ No When? _____

What was the reason? _____

Have you ever been given a mental health diagnosis? Anxiety, depression, PTSD, etc.? ☐ Yes ☐ No

If yes, please list diagnosis: _____

Please briefly explain why you are seeking life coaching?

Are you open to spiritual discussion (check one): ☐ Yes ☐ Yes, but I'm not religious ☐ Maybe ☐ No

Medical History:

Significant mental or physical illnesses, operations, hospitalizations, and/or injuries? ☐ Yes ☐ No

Dates (when & length of stay) & reasons: _____

Describe any physical problems and/or disabilities (mental or physical)?

Doctor's Name: _____ Phone: _____

Medications: _____

Do you have trouble sleeping? ☐ Yes ☐ No Have you had appetite changes recently? ☐ Yes ☐ No

Have you gained or lost a significant amount of weight recently? ☐ Yes ☐ No Describe issue:

Do you smoke? ☐ Yes ☐ No How much per week: _____ Would you like to quit? ☐ Yes ☐ No

Do you use alcohol? ☐ Yes ☐ No How much per week: _____ Would you like to quit? ☐ Yes ☐ No

Do you use drugs? ☐ Yes ☐ No How much per week: _____ What kind: _____

Do you exercise regularly? ☐ Yes ☐ No Times per week: _____ Ave. Duration: _____

Are you on a specific diet? ☐ Yes ☐ No If yes, describe (IE: vegan, low FODMAP, diabetes, etc.):

Is there anything else I should be aware of?

Policies & Information:

Please read the following which describes my policies and other info. If anything seems confusing or unfair, feel free to discuss your concerns with me next session. I'd be more than happy to review them and answer questions.

Instructions. Put a check mark in the column to the right of each item to indicate whether or not you understand and agree. If you feel confused or unsure, simply check "Not Sure" and we can discuss it at intake.		I agree	Not agree	Unsure
Scheduling	I use an online scheduling service which sends notifications via email. If you have trouble using that, or are concerned about privacy please let me know.			
Billing	Clients pay for each session at the time of booking. I do not send out statements, but can provide receipts upon request. Refunds/re-booking can be issued with 24 hours cancellation notice.			
Client confidentiality	I will not provide information about you to others without your permission. However, there are a few exceptions: these include imminent threat of suicide, violence or homicide, as well as any current child, elder or disabled person abuse. Also, if I or my records are subpoenaed I must disclose what is asked for. Lastly, I may discuss your case with an associate in the field who is also bound by confidentiality.			
Video sessions	Video sessions have limitations. Doing certain techniques, internet disconnection in the middle of an important moment, and so on. It is not for everyone. It is vital that during our sessions you are in a safe, distraction free location where you won't be interrupted. i.e. not in your car, a public place, taking care of your children You MUST have good internet and your camera and microphone working.			
Legal issues and disability	If you are involved in any legal action. I will not testify in your behalf or provide copies of my records unless I am legally forced to do so. I do not do disability evaluations.			
Premature termination	If you become discouraged between sessions or feel the urge to drop out for any reason, I strongly encourage you to have one additional session, FREE of charge, to discuss your feelings. This often leads to a therapeutic breakthrough. If you are not comfortable with this arrangement, and want the right to drop out between sessions, please let me know at the initial evaluation.			
Gifts	I do not accept gifts from clients.			
Homework	I will ask you to do homework between sessions, including written assignments, reading books and articles, and even other things as we discuss. These assignments can greatly enhance your understanding and speed your progress. Generally, 10 to 20 minutes per day will be sufficient. We will review your homework together during sessions. If you are not willing to do homework, or feel you cannot do the homework for any reason, please let me know during the intake session.			
Other	Coaching is different from therapy or medical help and treatment. You should consult your doctor and/or mental health practitioner as needed.			

In addition to the above, I _____ also understand that:

1. _____ is a life coach and not a mental health or medical professional. He/She is faith based and may use references to spirituality, but will always respect my religious and cultural views.
2. After the intake, if I choose to stay on, I will become a client and will sign a consent to coaching agreement. I understand coaching is not therapy or treatment for any disease. If at anytime I am confused or have questions I will speak up.
3. I have read all 3 pages of this intake and filled it out to the best of my ability.

Signed: _____

Date: _____

