

Coaching Intake Form

NOTE TO COACH USING FORM - REMOVE THIS LINE - Take out any questions not applicable to your type of coaching. IE: Sleep, diet, exercise, etc. This is a comprehensive questionnaire and you may not need all the questions listed!!! Especially look at the tool options and adjust to your own offerings.

This form will take about 30min and must be completed all at once and before our first session together. It is quite long and some questions may seem repeated. It is VERY important you read EVERY question carefully before answering so I can provide the best possible service to you. Questions marked with a star * are mandatory and can't be skipped.

Some questions may feel invasive since we don't know each other very well yet, and you may wish to either avoid talking about it. Or conversely, you may feel compelled to explain in great detail. Do your best to be brief without avoiding the uncomfortable feelings these questions may bring up. You can write, "I'd prefer to discuss in person" in the description. That's totally fine!

I will need an emergency contact should I become concerned for your safety/well being and can't get back in touch with you. I will only share what is absolutely necessary with your contact person to confirm you are ok.

Revised 2026-01-01

* Indicates required question

1. Email *

2. Full Name *

3. Please explain why you are seeking life coaching? *

4. Phone *

5. Full Mailing Address *

6. Time Zone *

7. Emergency Contact - Name & Relationship *

8. Emergency Contact - Phone *

Basic & Medical Info

9. Birth date *

Example: January 7, 2019

10. Gender, Pronouns & Sexual orientation *

11. Have you had significant mental or physical illness, hospitalizations, operations, or major injuries? *

Mark only one oval.

Yes

No

12. If yes, please describe any that you currently have or that limit you or are still bothering you in some way.

13. Are you on any medications? *

Mark only one oval.

Yes

No

24. When is the last caffeinated drink of the day on average? *

Example: 8:30 AM

Healthy lifestyle choices you already do!

Based on my understanding of physiology and the latest research, the mind and body are connected. Healthy lifestyle choices can have an influence on mental wellness however you can skip this section if you choose.

25. Do you exercise regularly?

Mark only one oval.

Yes

No

26. How much do you exercise per week?

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

Rare 1 hour or more per day

27. How much whole foods plant foods do you eat? (fresh or frozen fruits and veggies, beans, nuts, seeds, whole grains, etc.)

Mark only one oval.

Some, but I mostly eat refined carbs (white bread, sugar, etc.)

Yes, at least 60% of my diet is whole plant foods

Yes, at least 80% of my diet is whole plant foods

Yes, when I eat carbs/nuts/legumes they are mostly whole plant foods

I'm not sure!

Other: _____

28. Are you on a specific or specialized diet?

Mark only one oval.

Yes

No

29. If yes, describe:

30. Do you take time to rest/recreate? Check as many as apply.

Check all that apply.

- Yes, everyday I take some time to just reflect & debrief (pray)
- Yes, I take one day every week to just be with friends/family or have some needed alone time.
- Yes, I take some time each month to just doing something I enjoy.
- Other: _____

Past experiences & expectations of coaching and/or counselling.

31. Have you recently experienced a move, major life event (good or bad), or major loss (person, place or thing)? *

Mark only one oval.

- Yes
- Maybe
- No
- Other: _____

32. Please describe:

33. Have you ever seen a life coach or counsellor before? *

Mark only one oval.

- Yes
- No

34. If yes, please describe what for, how long ago (or if current), and if the experience was positive or negative.

35. Have you ever been given a mental health diagnosis by a Doctor, Psychologist, or Psychiatrist? *

Mark only one oval.

Yes

No

36. If yes, please describe.

37. Are you open to spiritual discussion? *

Mark only one oval.

Yes, completely open

Yes, but I am not religious

Maybe

No

38. Is there anything else I should be aware of about your mental health, culture, or spirituality?

Mental Health Screening & Assessment

This section used by permission based on Dr. David Burns EASY Diagnostic Survey and Intake Form. All rights reserved by Dr David Burns. NOTE: If you do NOT possess David's Toolkit please remove this section!!!!

Please think about the past 2 weeks! How much / how often have you been bothered by the following problems?

39. 1. Little interest or pleasure in doing things? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

40. 2. Feeling down, blue, or depressed? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

41. 3. Feeling hopeless? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

42. 4. Feeling irritated, grouchy, or angry *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

43. 5. Sleeping less than you usually do, but have a LOT of energy. *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

44. 6. Starting lots more projects than usual or doing more risky things? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

45. 7. Feeling nervous, anxious, frightened, worried, or on edge? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

46. 8. Avoiding situations that make you anxious? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

47. 9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

48. 10. Feeling that your illnesses are not being taken seriously enough? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

49. 11. Feeling paranoid or worried others are watching or listening to you? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

50. 12. Hearing things other people couldn't hear, such as voices even when no one was around? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

51. 13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

52. 14. Problems with memory (e.g., learning new information) or with knowing where you are at times? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

53. 15. Unpleasant thoughts, urges, or images that repeatedly enter your mind? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

54. 16. Feeling driven to perform certain behaviors or mental acts over and over again? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

55. 17. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

56. 18. Using any drugs/medicine without a doctor's prescription or in greater amount than prescribed [e.g., painkillers, stimulants, sedatives, tranquilizers, marijuana, or recreational/illegal drugs of any kind? *

Mark only one oval.

- 0-Not at all
- 1-Rare, less than a day or two
- 2-Several days
- 3-More than half the days
- 4-Nearly every day

Relationship & Social

57. Relationship Status: *

Mark only one oval.

- Single, no partner
- Single, steady partner
- Married
- Separated
- Divorced
- Widowed
- Other: _____

58. Current partner's name.

59. Do you have children? If so what are their ages and names?

60. Religion, cultural background, and/or group you identify with:

61. Do you have a satisfactory group of friends, family, etc. *

Mark only one oval.

- Yes
 Somewhat
 No

62. What degree to your family and friends support you overall? *

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

unst very supportive

63. Have you had significant problems at school or work? *

Mark only one oval.

- No, things are good at work/school.
 No, I can function or get by at work/school.
 Yes, but they've been resolved.
 Yes, sometimes I can't function.
 Yes, often I can't function.
 Yes, I can't keep a job or stay in school.

64. Have you had any problems or conflicts in your relationships with your child or parents? *

Mark only one oval.

- Yes, but they are resolved easily or in a reasonable time/manner.
 Yes, it can be hard at times.
 Yes, it's ongoing and unresolved.
 Never, I avoid conflict.
 Other: _____

65. Have you had any significant problems in your relationships with your spouse, partner, or very close friend? *

Mark only one oval.

- Yes, but they are resolved easily or in a reasonable time/manner.
- Yes, it can be hard at times.
- Yes, it's ongoing and unresolved.
- Never, I avoid conflict.
- Other: _____

66. Any PAST abuse or violence in your relationship with a spouse, partner, parent, teacher, co-worker, employer, etc.? *

Mark only one oval.

- Yes
- Maybe
- No
- Doesn't apply.

67. Any CURRENT abuse or violence in your relationship with a spouse, partner, parent, teacher, co-worker, employer, etc.? *

Mark only one oval.

- Yes
- Maybe
- No
- Doesn't apply.

68. Are you struggling because of the death of a loved one? *

Mark only one oval.

- A lot
- Moderately
- Somewhat
- No

69. How frustrated or annoyed have you been feeling with other people recently? *

Mark only one oval.

- Not at all
- Slightly
- Moderately
- A lot
- Extremely

Scope & Safety

Some situations are beyond the scope of a life coach via telehealth. For example: I can only work with clients who have basic functioning in everyday life. There are some other considerations as well. Let's explore those now.

70. Do you have suicidal thoughts or fantasies? *

Mark only one oval.

- Not at all
- Somewhat
- Moderately
- A lot
- Extremely

71. Have plans to end your life? *

Mark only one oval.

- Not at all
- Somewhat
- Moderately
- A lot
- Extremely

72. Have you ever had suicidal thoughts, even in the past? *

Mark only one oval.

- Yes
- No

73. If yes, when was the last time.

Example: January 7, 2019

74. Have you ever attempted suicide? *

Mark only one oval.

Yes

No

75. If yes, when.

Example: January 7, 2019

76. Has anyone close to you ever completed suicide? *

Mark only one oval.

Yes

No

77. Any other info to add about your suicidal thoughts?

78. Have you ever had thoughts about harming yourself (self-harm)? *

Mark only one oval.

Yes

No

79. Please describe the last time and the circumstances:

80. Have you ever avoided eating for periods of time or thrown up on purpose? *

Mark only one oval.

- Yes
- Maybe
- No

81. Do you have thoughts about hurting someone else? *

Mark only one oval.

- Not at all
- Rarely
- Somewhat
- A lot
- Extremely

82. Do you currently have the urge to hurt someone else? *

Mark only one oval.

- Yes
- No

83. If yes to urge or thoughts about hurting someone please describe.

84. Have you ever had hallucinations (outside of drug use) *

Mark only one oval.

- Yes
- No

85. If yes, when and describe:

Policies and Informed Consent

Life coaching varies depending on the personalities of the coach and client. Life coaching can have benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. I cannot guarantee any specific outcomes. The tools I use have been shown to have tremendous benefits, often leading to better relationships, solutions to specific problems, and significant reductions in feelings of distress. All experiences differ.

NOTE: Life coaching is a supplement to your wellness program and does not replace medical care. Please work with your physician, dietician, therapist, and other health professionals on your specific health needs.

86. I have read the above and agree to it. *

Mark only one oval.

- Yes
 No
 Unsure

87. I provide services through online services such as Zoom, Calendly, Wave, Stripe, PayPal, Wordpress, and Google Workspace. There may be potential interruption of service, security, or confidentiality. Clients are encouraged to research and understand the benefits and limits of these technology's. *

Mark only one oval.

- I agree
 Not sure
 I don't agree

88. It is vital to have good internet, working camera, and in a safe, distraction free location where you won't be interrupted for our video sessions. Clients are responsible for maintaining privacy on their end such as storing documents securely (electronic or hard copies), ensuring sessions are not overheard, etc. There are inherent risks (mistakes, hacking, etc.) in using technology. *

Mark only one oval.

- I agree
 Not sure
 I don't agree

89. I understand that an emergency protocol needs to be in place. This mean potentially contacting 911 and/or a local support person I've listed on this form. *

Mark only one oval.

- I agree
 Not sure
 I don't agree

90. Clients pay for each session at the time of booking. Receipts provided upon request. Refunds with 48 hours cancellation notice. *

Mark only one oval.

- I agree
 Not sure
 I don't agree

91. If you are going to be late to a session please text or email me. If you are more than 15 mins late, that is counted as a no show. All no shows are billed at standard rate. *

Mark only one oval.

- I agree
 Not sure
 I don't agree

92. We will be working on various documents and worksheets together. You will be assigned a secure Google docs folder for file sharing, you will need a free google account to use this feature. *

Mark only one oval.

- I agree
 Not sure
 I don't agree

93. We will be using copyright forms by Dr. David Burns together. These permitted for your personal use only. Please do not share, distribute, publish, reproduce, or email forms to anyone. *

Mark only one oval.

- I agree
 I don't agree

94. It is a good idea to record our sessions together and is mandatory for certain techniques. Angela will let you know *
when recording or you can ask to record at your end. You can choose to record every session which is highly
recommended.

Check all that apply.

- I agree
 Other: _____

95. Generally, 15 to 30 mins per day, 5 days a week of homework is required, including reading books, doing *
worksheets, and other things we discuss. These solidify and speed up your progress. We will review your
homework together. If you are not willing to do homework, please let Angela know immediately.

Mark only one oval.

- I agree
 Not sure
 I don't agree

96. If you feel the urge to drop out, you agree to an additional session to discuss your feelings. If you are not *
comfortable with this and want the right to drop out between sessions, please let me know during intake.

Mark only one oval.

- I agree
 Not sure
 I don't agree

97. Clients must complete before and after surveys each session to provide feedback on whether you are getting *
your needs met. Please fill it in about 5-15 min before we meet (not too early as this will skew the results). I will
read it over before joining the session. If you fill in the survey right before, no problem, just expect I'll be a couple
minutes reading it over. I will not join the meeting until the survey is completed.

Mark only one oval.

- I agree
 Not sure
 I don't agree

98. Coaching is different from therapy. The techniques in coaching that may seem similar to counselling but the *
coaching relationship is peer oriented and more informal.

Mark only one oval.

- I understand
 I don't understand
 Doesn't apply, I would like counselling

99. Coaches do not diagnose or treat disease or mental illness. Rather we work collaboratively to meet health & wellness goals using various tools. Life coaching does NOT take the place of a mental health professional. *

Mark only one oval.

- I agree
 Not sure
 I don't agree

100. Please discuss all medication concerns with your doctor. *

Mark only one oval.

- I understand
 I don't understand

101. Your confidentiality is important. There are a few exceptions: 1. imminent threat of harm or self-harm, as well as current child, elder or disabled person abuse. 2. if records are subpoenaed. 3. I may discuss your case with an associate in the coaching/counselling field or in my office who is also bound by strict confidentiality. *

Mark only one oval.

- I agree
 Not sure
 I don't agree

102. Please CHOOSE one of the following. NOTE: this must match up with the first question you answered on this form. *

Mark only one oval.

- I consent to Life Coaching

103. I affirm I have filled out this form in it's entirety to the best of my ability and this is my digital signature (print name below). *
