

Client Intake Form

Name: _____

Date: _____

Email address: _____

Phone number: _____

1. List at least one to two changes you would like to make in your life.

2. What is a short term goal you would like to accomplish over the next several months?

3. On a scale of 1 to 10 how would you rate your current happiness level?

4. On a scale of 1 to 10 how would you rate your current stress level?

5.What has been the most challenging obstacle you have had to overcome in your life thus far?

6.What has been your biggest success in your life thus far?

7.What are at least three things that you feel are hindering you from happiness/fulfillment/feeling motivated?

8.What does success look like to you?

9.What changes would you like to see in your life?

10.Who are the most important people in your life and what is your relationship to them?

Client Waiver Form

I, the undersigned, understand that Life Coach services I will be receiving are not offered as a substitute for professional mental health care, medical care, psychoanalysis, psychotherapy, or substance abuse treatment and are not intended to diagnose, treat or cure any mental health or medical conditions. I also understand that my Life Coach is not acting as a mental health counselor or medical professional. I understand and agree that I am fully responsible for my well-being during my coaching sessions, and subsequently, including my choices and decisions.

I understand that all comments and ideas offered by my Life Coach are solely for the purpose of aiding me in achieving my defined goals. I have the ability to give my informed consent and hereby give such consent to my Life Coach to assist me in achieving such goals and aims.

I understand that my Life Coach will protect my information as confidential unless I state otherwise in writing (or as the law requires if subpoenaed?)

Signature: _____

Date: _____

A legal guardian or parent must accompany a client under 18 years of age.
Legal

Guardian: _____

Date: _____

