

Client Intake Sheet

Note: All personal information is held securely in accordance with the appropriate legislation, confidential and treated appropriately.

Client Information

Mr/Mrs/Miss/Ms/Other First name _____ Last name _____

Name you like to be called _____

Address _____

Telephone Numbers/Contact Details

Home _____ Work _____

Cell phone _____ Skype Id _____

Fax _____

Email _____

Best Contact Method/s (short notice) _____

Employment Information

Occupation _____

Employer Name _____

Personal Information

Date of Birth _____ Marital Status _____

Significant Other's Name/DOB _____

Significant Dates (eg. Wedding anniversary) _____

No. of Children _____

Name(s)/Age(s)/DOB(s) of Child(ren) _____

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Time4NewPerspective

Is there anything else taking your time and energy that I should know about? (Elderly parents, family, school, or work projects etc.)

Are there any physical or emotional issues that I should be made aware of? Are you on any medications?

What would you say have been your 3 greatest accomplishments to date?

1.

2.

3.

What is the hardest thing in your life that you have had to overcome?

What major transitions or life changes have you had in the past two years?
(Example: Entering or approaching a different age, a new or different relationship, job role, residence, a change in children's ages/stages, etc.)

Have you worked with a coach before or a similar one-on-one adult relationship (e.g. tennis coach, piano teacher, and therapist)?

If so, what worked well for you and what did not work in the relationship(s)?

On a scale of 1 to 10 with 10 high, rate the quality of your life today. _____

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List five things that you're personally tolerating or putting up with in your life at present. (Examples: information you can't find, clutter, rude friends, tight shoes, dented car, job dissatisfaction, dead plants, broken equipment, cranky people in your life, verbal or physical abuse from a loved etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

Leisure/Hobbies:

What do you spend most of your leisure time doing?

In a typical week, what do you spend a great amount of time doing?

What are your primary stressors? (What stresses you out?)

On a scale of 1 to 10, 10 high, rate the amount of stress in your life right now. ____