

NEW CLIENT INFORMATION FORM

Please provide the following information and answer the questions below. You can reveal only information that you are comfortable with.

Happy Client Information

Date: _____

Name: _____

Cell Phone: _____

Best time to call? _____

Is it okay to leave messages at this number? Yes No

E-Mail Address: _____

Occupation: _____

Date of Birth: _____ (only year if you prefer)

For appointment scheduling, what are the

best: Times of day: _____

Days of the week: _____

Marital Status:

Never Married Married Domestic Partnership Divorced Widowed

How do you prefer to receive transformational coaching to get results immediately?

Zoom Skype Facebook Call Whatsapp Facetime

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're 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 you do 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?
