



Ease Mind Body Spirit LLC

Therapy + Counseling

San Antonio, TX · 210.699.7079

License: 91245 - Marleen Garza, MEd, LPC-Associate, BCC

COACHING INITIAL INTAKE AND CLIENT HISTORY

Client Name:

Date/Time:

Coaching Intake Form

1. Full Name: (required)

2. Age: (required)

3. Date of Birth: (required)

4. Gender:

Choose all that apply

☐ Male ☐ Female ☐ Nonbinary

5. Preferred Pronouns:

6. Best Phone #: (required)

7. Best Email: (required)

8. Is it alright to leave a message at all phone numbers and email? If no, please specify. **(required)**

9. Occupation:

10. How long at this employment?

11. Education history:

12. Do you have a website? If so please share:

13. Current medications: **(required)**

14. Do you have any health condition that you would like to share information about?:

15. Are you happy at your current employment?

☐ Yes ☐ No

16. Emergency contact and relationship to: (required)

17. Emergency contact person's phone #: (required)

18. Names and relationships of important people in your life: (spouse/partner, children, friends)

19. Pets:

20. Health Status:

21. Do you have any difficulty with sleep? If yes, please explain.

22. Do you have any history or current use of drugs and/or alcohol? If yes, describe:

23. Are you seeing a therapist at this time? If yes, briefly describe reason for seeing a therapist: (required)

24. Is there anything else you would like me to know about you or your circumstances before we begin?

25. How did you hear about my coaching services?

26. Why did you choose to reach out to me specifically? (required)

27. What influenced your decision to work with a transformational life coach? (required)

28. Have you ever been coached before? If yes, please describe the experience: (required)

29. How can I best support you as your coach? What do you most need from me? **(required)**

30. What are your expectations from this coaching relationship?

31. What does a successful coaching relationship look like to you? **(required)**

32. Do you exercise regularly? If yes, what type of exercise and how frequently?

33. How many hours of television do you watch daily?

34. What do you enjoy doing in your free time?

35. Is there a secret passion in your life? If yes, what is it?

36. Do you have a Higher Purpose? If so, please briefly describe.

37. If you knew you could not fail, what would you attempt to do?

38. What are your long term goals? (required)

39. What are your short term goals? (required)

40. Where do you see yourself in 5 years? (required)

41. What are your main motivations when thinking about those goals? (required)

42. On a scale of 1 to 5 how would you rate the quality of your life? (required)

43. What do you currently value the most in your life? (required)

44. What would you like your life to look like in one year? Three years? Five years? (required)

45. What has your biggest success been so far, and what did you do to accomplish it? (required)

46. What are three things that are keeping you from reaching your goal? (required)

47. What are the biggest roadblocks when it comes to reaching your goals? (required)

48. Where do you see yourself when our time together ends? What will make this experience a success for you? **(required)**

49. What do you most want to achieve for yourself throughout your life and/or career? **(required)**

50. What are three things you feel that you're tolerating in your life right now? **(required)**

51. What is the biggest change you'd like to make in the next three months? **(required)**

52. What is your current biggest frustration in your life? **(required)**

53. What do you feel most excited about in your life at this moment? **(required)**

54. When you think of your life, what has been your biggest success? What did you do to accomplish it?
(required)

55. When you think of your life, what has been your biggest challenge? How did you get past it? Or, if you didn't, what stopped you? (required)

56. Have you put in work to reach your goals? What worked for you, and what didn't? (required)

57. When working toward a goal, what motivates you? What hinders your progress?

58. When faced with criticism, how do you handle it?

59. How often do you need to review your progress? How would you like to review it?

60. What are three things that are keeping you from reaching your goal? **(required)**

61. What are three changes you'd like to work toward together? **(required)**

62. What are your three biggest concerns when it comes to your health and wellness? **(required)**

63. What, if anything, have you tried in the past to change your health and wellness? What worked? What didn't?

64. When you picture your best health, what do you envision?

65. Why do you want to make these changes to your health and wellness now?

66. What type of environment/work environment excites/inspires you?

67. What are the most challenging topics to discuss with your partner/spouse/friend/family member?

68. Are there any repeating patterns that you would like to see change in your relationship with your partner/spouse/friend/family member?

69. Have you and your partner/spouse/friend/family member been through any major life changes in the last two years?

70. What are three things you admire about your partner/spouse/friend/family member?

71. What type of activities do you enjoy doing with your partner/spouse/friend/family member?