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| --- | --- | --- | --- |
|  | Client Intake Form |  |  |
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| --- | --- | --- |
|  |  |  |
| Client Name |  | Client Organization/Company Name |
| Client Information |
|  |
|  |  |  |  |  |
| Home Phone | Cell Phone | Email Address |
|  |
| Address |
|  |  |  |  |  |
| City |  | State |  | ZIP Code |
|  |
| Occupation/Business Type |
|  |  |  |
| DOB |  | Gender |
|  |  |  |
| Additional Information (Seniors/Military/etc.)  |  | Hobbies/Favorite Books or Movies |
| Fees$ for session a month |  | Availability for Follow-ups |
|  |  |  |
| Previous Customer? |  | Referred by |

 |  |

**Duration of Session: Approximately 60 minutes/session**.

Session Day Monday Tuesday Wednesday Thursday Friday Saturday

Session Time: \_\_\_\_\_\_ am \_\_\_\_\_\_\_ pm (circle one) EST CT MT PT

Call: (732) XXX-XXXX for our sessions.

**I understand that Coach Gail W. LaRue is NOT a Licensed Therapist, but a Certified Coach and that I am responsible for all my actions, decisions and feelings.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date