

Please note that the following information provided in this form is strictly confidential and will only be used to help provide you with the best possible service. **You are only required to share information that you feel comfortable sharing.**

Client Information:

Name: _____

Email: _____

Phone: _____

Address: _____

Age: _____

Date of Birth: _____

Background:

Occupation: _____

Relationship status
(married, single, it's _____

Number of children: _____

Spiritual Orientation: _____

History of Past Trauma: _____

Date of Birth: _____

Family of Origin:

Siblings: _____

Birth Order: _____

Were your parents divorced? (yes/no): _____

Any history of abuse or drug or alcohol addiction in your family of origin:

Relationship History:

Previous Marriages/
Engagements:

What would you like to work on?

Please describe the areas of your life in which you would like to see change or improvement:

How did you hear about me?

Please note that coaching is not a substitute for therapy or medical treatment, and it is important that you continue to seek any necessary medical or therapeutic treatment while working with me. By signing this form, you acknowledge that the information provided is accurate to the best of your knowledge and that you understand the limits of coaching and the importance of seeking additional support as needed.

Additionally, please be aware that our sessions and any information shared within them are confidential and will not be shared with any third parties without your express written consent, except as required by law.

By signing below, you acknowledge that you have read and understand the above statements and agree to the terms of this coaching relationship.

Signature: _____

Date: _____