

LIFE COACHING CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of
Information collected about new clients is confidential and will be treated accordingly.

CLIENT INFORMATION

Name: _____

Address: _____

E-Mail: _____ Phone: _____

Date of Birth: _____ Marital Status: _____

Occupation: _____ Education: _____

How did you hear about us? _____

SELF-ASSESSMENT

Select the appropriate checkbox to indicate your agreement with each of the following statements:

I am optimistic.

☐ Disagree ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

I am satisfied with my life.

☐ Disagree ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

I am satisfied with my health.

☐ Disagree ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

I am satisfied with my financial situation.

☐ Disagree ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

I am satisfied with my social life.

☐ Disagree ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

I feel good about my personal relationships.

☐ Disagree ☐ Somewhat Agree ☐ Agree ☐ Strongly Agree

SELF-DESCRIPTION

What are your three most significant accomplishments?

1. _____
2. _____
3. _____

What are your three most significant disappointments?

1. _____
2. _____
3. _____

Describe your top three strengths.

1. _____
2. _____
3. _____

Describe your most aggravating weakness.

I am happiest when I...

I am happiest when I...

How would you describe your state of health?

How would you describe your state of well-being?

If I could do anything, I would...

Describe any goals or desires that you have yet to feel?

What has hampered you from achieving your goals?

People like me because I am...

CLIENT SIGNATURE

Signature: Date: _____

Print Name: _____