#### Personalized Coaching Intake Form

Client Information: Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_\_Phone Number: \_\_\_\_\_ Email Address: Preferred Contact Method (Phone/Email/Text): \_\_\_\_\_ Mailing Address: Emergency Contact Name: Emergency Contact Phone Number: Relationship to Emergency Contact: Health and Disability Information: Do you have any known disabilities or diagnoses?  $\square$  Yes  $\square$  No If yes, please specify: (Please include any diagnosis such as Autism, ADHD, learning disabilities, etc.) Are there any specific accommodations or support needs we should be aware of to assist with your coaching sessions?\_\_\_\_\_ (e.g., sensory needs, communication preferences, physical limitations, etc.)

# Coaching Goals & Struggles:

	are the primary struggles or challenges you're currently facing in your life or career?  e provide as much detail as you feel comfortable with)
1.	What specific areas of your life or career would you like to improve or manage better?  (This could be emotional, social, professional, personal growth, etc.)
2.	What is your greatest hope or desired outcome from coaching?  (This could include career goals, personal development, relationship improvement, etc.)
3.	What has been your experience in trying to overcome or manage these challenges?  (Please include any strategies or approaches you've already tried, such as therapy, coaching, self-help, etc.)
4.	What are the barriers or obstacles that have prevented you from achieving your desired goals?

## Coaching Preferences & Areas of Focus:

(Please select all that apply)
☐ Life Coaching
☐ Career Coaching
☐ Emotional/Behavioral Coaching
☐ Social Skills Coaching
☐ Stress Management
☐ Goal Setting & Achievement
☐ Other (Please specify):
What would make you feel most comfortable during coaching sessions?
(For example, preferred communication style, frequency of sessions, in-person or virtual, etc.)
What motivates you to succeed?
(Understanding your motivation can help tailor our approach to better suit your needs)
Confidentiality and Privacy Statement:
The information you provide in this intake form will be kept confidential and only used to assist
in the coaching process. Your personal and health information will not be shared with any third
party without your explicit consent, except as required by law. By signing below, you agree to the
confidentiality of your personal details and understand that coaching is a partnership between
you and your coach, aimed at empowering your growth and development.
Client Signature:
Date:

### **Minor Client Statement:**

• Date:\_\_\_\_\_

If the client is under the age of 18, please have a parent or legal guardian sign below to provide consent for coaching.

<ul> <li>Is the client a minor (under the age of 18)?</li> <li>☐ Yes ☐ No</li> </ul>
If yes, the signature of a parent or legal guardian is required:
Parent/Guardian Name:
Parent/Guardian Signature:
Relationship to Client:
Date:
Parent/Guardian Name:
Parent/Guardian Signature:
Relationship to Client:
Date:
Additional Information:
• Is there anything else you'd like your coach to know about you, your preferences, or anything that will help in personalizing your coaching experience?
By signing this form, you acknowledge that you have read and understood the confidentiality statement, and that you agree to the terms of coaching. If the client is a minor, the parent or guardian also consents to coaching on behalf of the minor.

### Acknowledgement:

By completing and signing this form, you acknowledge and understand that this intake form is not a contract and does not obligate you to proceed with coaching. It is a preliminary consultation intended to gather information to help assess your needs and determine how coaching may be beneficial. No coaching services will begin until both parties have agreed on a plan and terms of engagement.

This form is for the purpose of providing initial information only, and no formal coaching relationship will be established until an agreement is reached.

•	Client Signature:
•	Date: