

# MINDFUL | LIVING CO.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

If needed, is it okay to leave a voicemail message? Yes / No

Occupation: \_\_\_\_\_

Referred By: \_\_\_\_\_ May I acknowledge this referral? Yes / No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

What are the best days & times for sessions? \_\_\_\_\_

What are the names and relationships of those within your household (remember to include pets!):

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

**Health:** How would you rate your overall health? \_\_Excellent \_\_Good \_\_Fair \_\_Poor

Are there any sleep issues, medical conditions or current medications that you want me to be aware of?

Please explain:

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

Are you currently seeing a therapist? Yes / No If yes, please describe what general topics are being addressed:

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

**Substance Use:** How often to you drink alcohol? # of drinks \_\_\_\_\_ daily / weekly / monthly / yearly

Are you or anyone else concerned about your alcohol use? Yes / No If yes, please explain:

\_\_\_\_\_

How often do you engage in recreational drug use? ☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently ☐ Never

Are you or anyone else concerned about your alcohol use? Yes / No If yes, please explain:

\_\_\_\_\_

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**Social Relationships:** Circle how you generally get along with people:

Affectionate	Assertive	Avoidant	fight/argue often	Follower
Friendly	Leader	Outgoing	Shy/quiet	Submissive

Do you feel you have adequate social support at this time? \_\_\_\_\_

Who do you go to when you need support? \_\_\_\_\_

**Spiritual/Religious:** Are you connected with a spiritual or religious group? Yes/ No

Were you raised within a spiritual or religious group? Yes / No

Would you like your spiritual beliefs incorporated into coaching? Yes / No

Additional Comments:

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**Culture/Ethnicity/Sexuality/Gender Identity:**

Please provide any information that you would like me to be aware of including pronouns, how you identify, or anything that pertains to your coaching goals.

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**Legal:** Are you involved in any active legal cases (traffic, civil, criminal)? Yes / No

If yes, please describe:

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Are you currently on probation or parole? Yes / No

Have you been accused of or convicted of any sexual crimes? Yes / No

<b>Education:</b>	Some High School	Some College	Vocational School	Currently in School
	HS Grad/ GED	College Graduate	Masters / Doctorate	Goal to go back to school

Any learning disabilities: Yes / No If yes, please explain:

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**Military** experience? Yes / No      Combat experience? Yes / No      Where: \_\_\_\_\_

Branch: \_\_\_\_\_ Type of discharge: \_\_\_\_\_ Service length: \_\_\_\_\_

**Leisure/Recreational:**

Describe special areas of interest or hobbies. (e.g., art, books, crafts, physical fitness, sports, outdoor activities, church activities, exercising, diet/health, hunting, fishing, traveling, etc.)

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**What brings you joy? When, what, where, with whom do you feel the truest to yourself?**

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**Please list and describe your goals for coaching:**

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**Have you ever worked on these goals before? Yes / No**

If yes, please share what you have done. What you have found to be helpful, or any feedback on what you know does not work for you. How can I best support you? (Ask questions vs directive suggestions, structured vs casual, thoughts on homework?)

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**Why do you want to work on these goals now?**

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