

Mental Health Coaching Intake Form

Client Information

Full Name: _____

Date of Birth: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

Preferred Contact Method: Phone Email Text

Emergency Contact Name: _____

Emergency Contact Phone: _____

Background Information

1. What brings you to mental health coaching at this time?

2. Have you previously worked with a coach, therapist, or counselor?

Yes No

If yes, please briefly describe your experience:

3. Have you ever been diagnosed with a mental health condition?

Yes No Prefer not to say

If yes (optional): _____

4. Are you currently taking any medications related to mental health?

Yes No Prefer not to say

If yes (optional): _____

Current Well-Being & Lifestyle

5. How would you describe your current emotional well-being?

Excellent Good Fair Poor

6. How would you describe your current stress level?

Low Moderate High

7. How do you typically manage stress? (Check all that apply)

Exercise

Prayer

Meditation

Talking to friends/family

Journaling

Other: _____

8. What are your main sources of support?

Goals and Expectations

9. What specific goals would you like to achieve through coaching?

10. What challenges or obstacles may interfere with your progress?

11. What are your expectations of the coaching process?

Faith-Based Preferences

Would you like faith-based elements included in your coaching (e.g., biblical principles, prayer)?

- Yes
 - No
 - Unsure / Open to discussion
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Additional Information

12. Is there anything else you would like your coach to know?

Acknowledgment & Consent

I acknowledge that the information provided is accurate to the best of my knowledge. I understand that mental health coaching is not a substitute for therapy, medical treatment, or psychiatric care.

Client Signature: _____

Date: _____

Coach Signature: _____

Date: _____