

# Support A Healthier You

## Intake Form

<b>Client Information</b>		
<i>First Name</i>	<i>Last Name</i>	<i>Preferred Name</i>
<i>Gender</i>	<i>Date of Birth</i>	<i>Marital Status</i>
<i>Address</i>	<i>City</i>	<i>State</i>
<i>Email</i>	<i>Preferred phone number</i>	<i>Zip</i>
<b>Emergency Contact</b>		
<i>Full Name</i>	<i>Relationship</i>	<i>Contact Number</i>

<b>Employment Status</b>
Self Employed___ Employed___ Unemployed___ Retired___ Other_____
What are your personal goals?
What is your professional goal?
Are there any changes you would like to make in your life right now?
What makes you happy?
What is concerning you?
What are your expectations with a consulting session?
I understand that the coaching services I will be receiving from my Coach are not offered as a substitute for professional mental health care or medical care and are not intended to diagnose, treat, or cure any mental health or medical conditions.
Signature _____ Date _____