



Tamara Payton Bell
Certified Loveologist® & Love Coach
(916)582-4445

CLIENT INTAKE FORM

Name: _____

Address: _____

Phone: _____ Cell: _____ Other: _____

E-mail: _____

Birthday: _____

Relationship Status:

Single Married Divorced Separated Widowed Cohabiting

Children's names and ages (if applicable): _____

Occupation: _____

How did you hear about Lovely Coaching?





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Goals:

List any improvements or changes you would like to make in the following areas of your life.

Relationships:

Love & Sex Life:

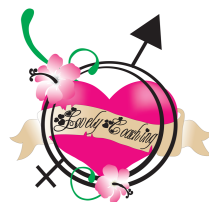
Social:

Professional:

Family:

Personal:

Health-Physical:





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Self Assessment:

List 3 adjectives that describe you at your best:

1. _____
2. _____
3. _____

List 3 adjectives that describe you at your worst:

1. _____
2. _____
3. _____

What do you think has been holding you back from achieving your goals?
(Include any obstacles, experiences, fears, concerns, people, etc.)

What are the things that stress you out the most?

What motivates you the best?





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Recount:

Who did you learn about relationships and sex from? What did they tell you?

Have you ever worked with a coach, counselor or therapist before? If yes, what worked well for you and what did not work?

How would you describe the best relationship that you've had?

How would you describe the most difficult relationship that you've had?

How would you describe a perfect relationship for you?





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Love Coaching:

Are you aware that Love Coaching is not sex therapy, psychiatry, or psychology?

YES _____

NO _____

I understand that all fees are payable at the beginning of each session unless other arrangements have been made in advance.

Client Signature: _____

Today's Date: _____

