Avail Outpatient Counseling™

2025 E. Main St. Suite 202
Richmond, VA 23223
Phone: 804-214-2260 Fax: 804-214-2270
E-Mail: availcounseling@gmail.com
Web: availcounseling.com

Holistic Health Coaching (HHC) Registration Form

Name: _____ Gender: __ Female __ Male
       First   Middle   Last

Date of Birth: _____ SSN: _____

Address: _____ _____
               Street   City/State/Zip Code

Preferred Phone: _____ Voice Messages OK? __ Yes __ No

Text Messages OK? __ Yes __ No Email: _____

Employed? __ Yes __ No Student __ Yes __ No Marital Status: __ Single __ Married __ Other

How did you hear about us? _____

1. Please rate your satisfaction with your life in the following areas
(1 – worst, 5 – best)

        Physical Self-Care

        Emotional/Psychological Self-Care

        Social Self-Care

        Professional Self-Care

        Spiritual Self-Care

2. What one thing do you want more of in your life right now?

3. What one thing do you want less of in your life right now?

4. List three things you are tolerating right now in your personal life.

5. List three things you are tolerating right now in your work life.

6. What's one thing you would like to achieve but aren't sure how to do it?

7. Listed below are some typical results experienced by coaching clients. Which 3 are most important to you? (direction, focus, accountability, a new perspective, relationship success, improved wellness, strategies, better finances, motivation, new challenges, other-please list)

8. How well do you keep your commitments when taking advice or working with someone towards your goals? (very, moderately, not too much)

9. How do you like to be supported when hitting challenges in your personal growth or thought process (have a good listener; strategize with someone; work with a devil's advocate, work with guided visualization, journal, etc. If you're not sure, you can write that too.)?

10. Do you have any specific goals and/or intentions for this program?

11. How committed are you to making this program work for you?

Printed Name	**Date**

Signature	**Date**