

# The 5th Reason

## CLIENT INTAKE FORM

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Emergency contact name and number \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**\*\*Please answer the questions below. All responses are confidential.**

How did you learn about us? \_\_\_\_\_

What is your goal? What do hope to achieve from this encounter? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received counseling or life coaching before? ☐ Yes ☐ No

What was the reason? \_\_\_\_\_  
\_\_\_\_\_

Was it helpful or not? If not, why? \_\_\_\_\_

Any history of mental illness (self or family members)? \_\_\_\_\_

What is your current living situation? Does anyone share a home with you? If so, what is their relation to you?

Describe any spiritual / religious beliefs: \_\_\_\_\_

Do you have any addictions you are aware of?

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Alcohol  | <input type="checkbox"/> Smoking                 |
| <input type="checkbox"/> Drugs    | <input type="checkbox"/> Internet / Social Media |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Porn/Sex |  |

Are you familiar with attachment styles? If so, do you know your style? What is it?

What other information do you feel is important or relevant that I should know about?