

# Client Intake Form

Success Epicenter

Please complete this form (All information is strictly confidential)

---

Last Name (please print)	First Name	Middle Initial
--------------------------	------------	----------------

---

Street Address	City	State	Zip
----------------	------	-------	-----

---

(     )	(     )	(     )
---------	---------	---------

---

Work Telephone #	Cell #	Home #
------------------	--------	--------

---

/     /	
---------	--

---

Birth Date	Email Address
------------	---------------

---

Gender Identity	Marital Status	Occupation
-----------------	----------------	------------

Have you ever had a coach before? **Yes No**

If yes, please explain:

---

---

---

What do you want to accomplish through coaching? \_\_\_\_\_

---

---

Any previous efforts to solve this problem? **Yes No**  
Results?

---

How did you hear about us?

---

By signing this application, you attest that you have read and understand the Coaching Agreement. You are also willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational or avocational self-improvement.

Preferred Name: \_\_\_\_\_

---

Client Signature & Date