

Coaching Registration Form

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Date:

Client Name: (Last):

(First):

To which gender do you most identify?

☐ Prefer not to answer

Age:

DOB:

Primary Address:

City:

State:

Zip:

Primary Phone #:

Cell (if not same as primary)

Email:

Relationship Status

☐ Single ☐ Dating ☐ Engaged ☐ Divorced ☐ Separated ☐ Married
☐ Living Together ☐ Widowed

Who are the other members of your household? (including animals)

Please provide Name, Gender, Age, DOB, and Relationship of each household member:

Name	Gender	Age	DOB	Relationship
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If you are in a divorce process, who is your attorney?

Employment Status:

☐ Full-time ☐ Part-time

Place of Employment:

Occupation:

Work#:

(if different from cell)

Student Status: ☐ Full-time ☐ Part-time Highest Grade of Degree Completed:

EMERGENCY CONTACT INFORMATION

Name:

Relationship to Client:

Name:

Relationship to Client:

Three Goals for your Coaching process:

1.

2.

3.

Are you currently in therapy? ☐ Yes ☐ No

If yes, who are you seeing?

Name:

Phone #:

Address:

May I contact them? ☐ Yes ☐ No

Is there anything else I should know that would assist me in your coaching process?