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COACHING REGISTRATION FORM

Instructions: This is a fillable PDF. You may download and open it using Adobe Acrobat or a browser, complete all fields, and save your changes. Once finished, email the completed form to amy@amyluzar.com.

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)

Name	Relationship	Gender	Age	DOB

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?