

V.i.P. Life Coaching

Adult Intake Form

Date _____

Name _____ Gender _____ Age _____

Email Address (print legibly) _____

Occupation _____ Phone _____

Referred by: (individual, website, facebook, etc.) _____

MARRIAGE INFORMATION

Current Marital status _____ If married, spouse's name _____

Your spouse's age _____ Spouse's Occupation _____

Spouse's Name _____ Phone _____

How long have you two been together? _____ If married, for how long? _____

How many times have you been married? _____

INFORMATION ABOUT CHILDREN

| <u>Name(s)</u> | <u>Age</u> | <u>Sex</u> | <u>Living</u> (Yes/No) | <u>Marital Status</u> |
|----------------|------------|------------|---------------------------|-----------------------|
|----------------|------------|------------|---------------------------|-----------------------|

1.

2.

3.

4.

PARENTS' RELATIONSHIP

Parent's presently married/divorced/never married? _____

Alive or deceased? _____

Any step-parents? _____ Were you adopted? _____

How is your current relationship with your step-parents, adopted parents or bio-parents?

If deceased, how was it before they passed?

PERSONAL & FAMILY HEALTH

Are you currently taking any prescription medications? Yes/No _____

Please list: _____

Rate your current health (circle) Very good - Good - Average - Declining - Poor

How would you rate your current sleeping habits (circle)

Very good - Good - Average - Unsatisfactory -Very Poor

What sleep problems (if any) are you currently experiencing? _____

How many times a week do you exercise? _____

What type of exercise do you participate in? _____

Are you currently experiencing anxiety, panic attacks, or have any phobias? Yes/No _____

If yes, when was your last experience and what caused it? _____

Do you drink alcohol more than once a week? Yes/No _____

Do you currently engage in recreational drugs? Yes/No _____ If yes, how often? _____

Any addictions in your family? (ex: alcohol, drugs, gambling, eating disorders, etc.) If yes, Who?

Any history for yourself or family of mental/emotional history or suicide? _____

Check any of the following for yourself that are current or past:

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Shame | <input type="checkbox"/> Anger | <input type="checkbox"/> Unworthiness |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Bitterness | <input type="checkbox"/> Inadequacy |
| <input type="checkbox"/> Deception (Lies) | <input type="checkbox"/> Resentment | <input type="checkbox"/> Insecurity |
| | <input type="checkbox"/> Depression | <input type="checkbox"/> Inferiority |
| <input type="checkbox"/> Fear | | |
| <input type="checkbox"/> Worry | <input type="checkbox"/> Hatred | <input type="checkbox"/> Pride |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Self Hatred | <input type="checkbox"/> Arrogance |
| <input type="checkbox"/> Panic | | <input type="checkbox"/> Rebellion |
| | <input type="checkbox"/> Lust | |
| <input type="checkbox"/> Rejection | <input type="checkbox"/> Fantasy | <input type="checkbox"/> Doubt |

___ Abandonment
___ Neglect
___ Self Rejection
___ Unwantedness

___ Control
___ Performance
___ Abuse

___ Pornography
___ Adultery

___ Death Thoughts
___ Loneliness
___ Suicide
___ Death Wish

___ Skepticism
___ Confusion

___ Compulsiveness
___ Addictions

Other _____

CLOSING QUESTIONS

Do you consider yourself to be a spiritual or religious person? Yes/No _____

If yes, describe your faith or belief. _____

What do you consider to be some of your strengths? _____

What do you consider to be some of your weaknesses? _____

Have you ever received counseling for **any** issue in the past? Yes/No _____

Did you find it helpful? _____

Why are you currently seeking counsel?

What help have you received about this issue in the past?

What results do you hope to gain from this session?

What other information would help to bring clarity or understanding about the reason you are seeking counsel?

CONSENT TO ADVISE

In the case that our session will be conducted via video chat – which of the following apps do you have access to? Check all that apply.

Skype Zoom WhatsApp Other Type _____

All information is confidential. Confidentiality will be waived under the circumstances of abuse of children, elderly or disabled persons.

I do hereby state and affirm that I have requested personal Life Coach session(s). I hereby give my consent for all sessions and I release the Life Coach from any and all liability of every description that may arise as a result of these sessions.

I understand that although my session may take place at New Life Church – 5801 McArdle Road – this session is not associated with New Life Church.

I acknowledge that upon request, I may have a 15 minutue initial free consultation. Once a session is scheduled, I agree to paying the fee for my appointment time. Reschedule needs to be done 24 hours prior to the scheduled appointment time or I am liable for paying the \$25 missed appointment fee.

Payments may be paid in advance via CashApp, Money Order, Credit or Debit card (checks and insurance not accepted) – contact the Life Coach to make payment arrangements. Payments will not be reimbursed due to client’s non-arrival or missed appointment.

Printed Name _____

Signature _____

Date _____