

# V.i.P Life Coaching

## Child Intake Form

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Parent's Email Address (print legibly) \_\_\_\_\_

Parent's Cell \_\_\_\_\_

Child's Cell \_\_\_\_\_

### **FAMILY INFORMATION**

| <u>Siblings Name(s)</u> | <u>Age</u> | <u>Sex</u> | <u>Live in Home w/ Child</u><br>(Yes/No) |
|-------------------------|------------|------------|--|
|-------------------------|------------|------------|--|

1.

2.

3.

4.

### **PARENTS' RELATIONSHIP**

Are the parents presently married/ divorced/ never married/ living together? \_\_\_\_\_

How long married, divorced or living together? \_\_\_\_\_

Both parents alive or deceased? \_\_\_\_\_

Child has any step-parents? \_\_\_\_\_ Was child adopted? \_\_\_\_\_

Any mental/emotional history or suicide for child or any part of the family? \_\_\_\_\_

Does the child or family consider themselves to be a spiritual or religious people? Yes/No \_\_\_\_\_

If yes, describe the faith or belief. \_\_\_\_\_

## **CLOSING QUESTIONS**

Why are you currently seeking counsel?

What help (if any) have you received in the past about this issue?

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 COUNSEL**

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

\_\_\_\_\_ Skype    \_\_\_\_\_ Zoom    \_\_\_\_\_ WhatsApp    \_\_\_\_\_ Other \_\_\_\_\_

I acknowledge that upon request, I may have an 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 FULL session.

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. If paid in advance, payments will not be reimbursed due to client’s non-arrival or missed appointment.

All information collected is confidential.

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

I understand that although these session(s) may take place at New Life Church – 5801 McArdle Road – these session(s) is not associated with New Life Church.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_