

Perspective Coach Liberty Priceless

Life Coach/Strategy Intake Form

Please provide the following information. Information you provide is confidentiality just as therapy. Please print out this form and bring it to your first session or allow yourself 15 minutes prior to your appointment to complete the form in the office.

Date:						
Name:						
(First)		(Last)		(Middle Initial)		
Name of parent/	guardian (if you	ı are a minor)	:			
(First)		(Last)		(M	iddle Initial)	
Birth Date:	_//_	Age: _		Gender: 🗆	Male 🗆 Female	
Address:						
	nd Number)		(City)	(State)	(Zip)	
Home Phone: ()	i	May we leave	a message?	Yes □ No	
Cell/Other Phone	e: ()		May we lo	eave a message	? □ Yes □ No	
E-mail:*Please be aware				May we email y	ou? □ Yes □ No	
Marital Status:						
☐ Never Married	□ Partnered	□ Married	□ Separated	□ Divorced	□ Widowed	
If married, name	of spouse:					
Name of Children	n and ages:					
Referred by: (che	ck any that app	oly)				
□ Social Media						
□ Internet Search□ Family or Friend						
□ Website	u					
☐ Another counse	elor:					
□ Physician or Psy						

Personal/Professional Goals:

What are the biggest changes you want to make in your life in the next 3	3 months?
1	
2	
3	
What are the biggest changes you want to make in your life over the nex	xt 3 years?
1	
2	
3	
What do you most want to achieve for yourself in your life/career?	
What are the restraining forces keeping you from achieve these?	
What would you say have been your 3 greatest accomplishments to date	e?
1	
2	
3	
What do you expect to achieve in life as a result of hiring me as your life	

What is the hardest thing in your life that you have had to overcome?	
	_
	_
	_
	_
	_
What major transitions or life changes have you had in the past two years? (Example: Entering or approaching a different age, a new or different relatio children's ages/stages, etc.)	nship, job role, residence, a change in
Who are or have been your major role models? Why?	
Have you worked with a coach before or a similar one-on-one adult relations	hip (e.g. tennis coach, piano teacher, and
therapist)? If so, what worked well for you and what did not work in the relationship(s)?	
	-
Who will be supporting you through this process?	

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On a scale of 1 to 10 with 10 high, rate the quality of your life today.	
List five things that you're personally tolerating or putting up with in your life at presencan't find, clutter, rude friends, tight shoes, dented car, job dissatisfaction, dead plants people in your life etc.)	
1	
2	-
3	
4	
5	-
In a typical week, what do you spend a great amount of time doing?	
What are your primary stressors? (What stresses you out?)	
On a scale of 1 to 10, 10 high, rate the amount of stress in your life right now	

Life Changes

Please list any changes you would like to make in the following areas: Family: Money / Financial Situation: Career / Business life: Service / Personal Character: _____ Relationships: Friends: Living Space / Home: Personal Growth / Learning: _____ Health / Self Care: _____ Creativity: Play / Leisure time: _____

Hobbies: _______ What do you spend most of your leisure time doing? ______

Leisure:



Perspective Coaching Agreement

Date: _____

Name:
Our sessions are conducted in any of the formats such as over the phone, in the office, or virtual (Skype, Facetime, etc.).
The cell number is (731) 472-1416. Missing or rescheduling sessions is strongly discouraged. If an unforeseen event does require you to reschedule, I must be notified 24 hours prior to the scheduled session. Please remember that not completing, or partially completing your assignments is not a reason to reschedule. If assignments are not complete, it is very important that we work together during your scheduled session to strategize, overcome obstacles, and establish next steps. If notification is not given 24 hours prior to the scheduled session time, the session will be considered missed and thereby forfeited.
Perspective Coach Disclaimer of Liability: Client hereby employs as Perspective Coach for the purpose of supporting the Client with respect to Client's self-awareness, vision and goals, and strategic plans, has experience in such matters and agrees to render such coaching services. This is for the purpose of life coaching and strategizing.
I have read and agreed to the Policies and Disclaimer of Liability.
Client's Signature (Date)
Perspective Coach's Signature (Date)
Once you have completed this form please email it to me at pricelessperspectives@coachingtoheal.com or bring it to the initial session. Any questions, be sure to contact me.