

CLIENT INTAKE FORM

Name _____


Completed Education Level _____


Birthday _____


Marital Status _____


Employment _____


Number of Children _____


 What intrigued you to seek coaching? _____

 What do you hope to achieve from our sessions? _____


 What short-term goals do you currently have for yourself? These are goals that can be achieved within a year.


 What long-term goals do you currently have for yourself? These are goals that typically take longer than 1 year to obtain.

 What are some hobbies you enjoy doing? _____

 What are some things you've noticed that help motivate you? _____

 What doesn't seem to motivate you? _____

 If you have seen a therapist or a coach before, what seemed to work for you? What didn't work?

 Are there any major life events (past, present, or future) that would be good for the coach to be aware of?

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Please note that all questions are for me to better understand you as a whole and where you're coming from to better formulate your program. If you are uncomfortable answering them, feel free to leave them blank. All answers are always confidential.

▶▶▶ How did you learn about Guided Growth? _____

▶▶▶ Have you received mental health coaching before? Yes No

▶▶▶ Have you received therapy before?
*If yes, please list the kind(s) of therapy Yes _____ No

▶▶▶ Have you been diagnosed with a mental disorder by a clinician?
*If yes, please list their diagnosis Yes _____ No

**Your answers here will not impact your coaching program. Knowing these things will help to create a better understanding for what you need in your program to get the best coaching..*

****Please mark any of the following areas that you are seeking coaching on**

- | | | |
|--|---|--|
| <input type="checkbox"/> Healthier Thought Processes | <input type="checkbox"/> Creativity | <input type="checkbox"/> Overcoming Anxiety |
| <input type="checkbox"/> Mental Resilience | <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Learning Forgiveness |
| <input type="checkbox"/> Knowing Skills/Abilities | <input type="checkbox"/> Navigating Relationships | <input type="checkbox"/> Increasing Happiness |
| <input type="checkbox"/> Learning Strengths | <input type="checkbox"/> Work/Life Balance | <input type="checkbox"/> Creating Mental Peace |
| <input type="checkbox"/> Accomplishing Goals | <input type="checkbox"/> Reducing Unwanted Fears/Triggers | <input type="checkbox"/> Motivation |

****Please mark any of the following experiences if they currently apply to you**

- | | | |
|---|---|---|
| <input type="checkbox"/> Premenstrual Syndrome | <input type="checkbox"/> Increased Depression | <input type="checkbox"/> Acute Pain |
| <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Attention Difficulties | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Trouble Sleeping | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Brain Injury (recent or not) | <input type="checkbox"/> Increased Anxiety | <input type="checkbox"/> Others, please specify |
- _____

I understand that mental health coaching is for the purpose of providing support and guidance to achieve long lasting changes to positively impact your life. I understand that mental health coaches can not diagnose or treat illness, disease, or any other physical or mental disorder. I understand the mental health coach does not prescribe medical treatments. I understand that the mental health coach may make recommendations which could include incorporating other professionals and additional resources if it seems beneficial to attain the desired goals/results. I understand the mental health coach is not a medical professional and their recommendations are for me to research and decide on my own if it is something I want to pursue.

Signature _____

Date _____