New Coaching Client Onboarding Form

Please answer the following questions completely and accurately.

All information that you provide is considered strictly confidential.

How did you find me? ☐ Web Search ☐ Ad ☐ Card ☐ Referral (Who?) _____

Date of Birth: ____/____/_____ ***Today's* Date**: ____/____/____

Name: _____

Cell Phone: _____ Home: _____

Best time to call? _____ Okay to leave messages? ☐ Yes ☐ No

If "No", what's the best number to leave messages on? _____

Email address: _____

Street address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

How long have you lived at this address? _____

Occupation(s): _____

Marital Status:

☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number(s): _____

List the names and your relationships to the three most important people in your life:

1. _____
2. _____
3. _____

Do you have children? ☐ Yes ☐ No Do they live with you? ☐ Yes ☐ No

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Do you have any pets? ☐ Yes ☐ No

If "Yes", please list: _____

Education: _____

How would you rate your overall physical health?

☐ Excellent ☐ Great ☐ Good ☐ Fair ☐ Poor

Do you have any sleep problems? ☐ Yes ☐ No

If "Yes", please describe:_____

Do you have any history of either active or former addictions? ☐ Yes ☐ No

If "Yes", please describe: _____

Do you have a history of Anxiety, Depression, ADD/ADHD, Autism, Asperger's or any other developmental, neurological or psychiatric disorder(s)? ☐ Yes ☐ No

If "Yes", please describe: _____

_____

Are you currently seeing a therapist? ☐ Yes ☐ No

If "Yes", please describe some of the issues you are addressing in therapy: _____

_____

Are you currently taking any medications? ☐ Yes ☐ No

If "Yes", please list: _____

Are you usually: ☐ Early ☐ Punctual ☐ Late

Do you exercise regularly? ☐ Yes ☐ No

If "Yes", please describe what you do and how often?_____

_____

How often do you watch TV? _____ For how long at a time? _____ (Hours)

What do you do for fun?_____

_____

When you treat yourself, what do you do or buy, or where do you go? _____

_____

What's your idea of a perfect vacation? _____

_____

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