



# Coaching Intake Form

## Personal Information

### Full Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

### Phone Number

\_\_\_\_\_

Area Code

\_\_\_\_\_

Phone Number

### Best time to call?

\_\_\_\_\_

Is it okay to leave a message

Yes

No

### E-mail

\_\_\_\_\_

### Address

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State / Province

\_\_\_\_\_

Postal / Zip Code

\_\_\_\_\_

Country

### How long have you lived here?

\_\_\_\_\_

### Birth Date

\_\_\_\_\_

Month

\_\_\_\_\_

Day

\_\_\_\_\_

Year

### Gender

**Marital Status**

**Spouse's Name**

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**Employer**

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**Occupation**

---

**Spouse's Occupation**

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**Spouse's Employer**

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**Emergency Contact**

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**Emergency Contact Phone Number**

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**Emergency Contact Relationship**

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**Primary Care Provider**

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**Primary Care Provider Phone Number**

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**How were you referred to our office?**

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## Financial Information

**How I plan to pay for coaching:**

I plan to use my card

I want to pay by e-mail money transfer

I have a gift certificate

Name

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First Name

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Last Name

## Personal History

**Are you experiencing any of the following? (Please check all that apply)**

Anxiety

Depression

Anger

Alcoholism

Stress

Drug Addiction

Communication Issues

Eating Disorder

Parenting Issues

Adoption Issues

Post Traumatic Stress Disorder

Other

**List any major illnesses or hospitalizations:**

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**What medications or drugs are you taking?**

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**Have you been treated for any health conditions in the last year?**

Yes

No

**Are you currently seeing a therapist?**

Yes

No

**If yes, please describe the issue(s) you are addressing or List any other health problems, no matter how insignificant they may be:**

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**Are you usually**

Early

On time

Running late

**Do you exercise regularly?**

Yes

No

Sometimes

**What do you mostly do in your free time?**

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**What do you do for fun?**

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**What is your spiritual orientation?**

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**How do you usually treat/reward yourself?**

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**What is your idea of the perfect vacation?**

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# History of the Present Problem

**Purpose of this appointment (What do you want to achieve):**

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**Have you ever had the same or a similar problem?**

Yes

No

**If yes, please describe:**

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## Social History

**Do you do any of the following? (Please check all that apply)**

Exercise

Use tobacco products

Consume caffeine

Sleep well at night

Drink alcohol

Take vitamin supplements

**If you checked any of the options above, please detail below:**

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**What are your hobbies?**

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**Do any of your family members suffer from these? (Please check all that apply)**

Anxiety

Depression

Anger

Alcoholism

Stress

Drug Addiction

Communication Issues

Eating Disorder

Parenting Issues

Adoption Issues

Post Traumatic Stress Disorder

Other

## The Coaching Process

Working with you to identify present issues and develop a plan of action is the goal. However, it is your commitment to identifying personal goals towards which you desire to move and obstacles which may prevent that movement which will, in large part, determine the success of the coaching.

The privacy regulations of the *Freedom of Information and Protection of Privacy Act* of 1996 (FIPP) require ethical and legal commitment to the confidentiality of your Personal Health Information.

## Legal Responsibility

Under the laws of Canada and the province of Ontario your Personal Health Information (PHI) must be kept private. It is also required by law to give you this notice and to follow the terms of this notice while it is in effect.

Changes in these privacy practices are allowed at any time as long as those changes are permitted or required by law. Any changes in these privacy practices will affect how the privacy of your PHI is protected, including any PHI received about you or created in the course of your therapy. These changes could also affect the protection of the privacy of any of your PHI received before the changes. If changes are made, a new notice will be available to you.

# Use and Disclosure of your Personal Information (PI)

Your PI will not be used or disclosed for any purpose not listed below, without your specific written authorization. You must give written authorization to disclose your health information to anyone for any reason you want. Any specific written authorization you provide may be revoked at any time by your written request.

☒ *As Law Requires* - Your PI may be used and disclosed to any person required by federal, provincial, or municipal laws to have lawful access to your treatment program.

☒ *Appointment Reminders* - You may be contacted by phone or email for an appointment reminder. If contact is by phone, a recorded message may be left on your answering machine.

☒ *Coaching Cancellation* – If for some reason an appointment must be cancelled, you will be contacted by phone or email 24 hours in advance. If contact is by phone, a recorded message may be left on your answering machine/voicemail. You are expected to do the same to protect your commitment.

☒ *Event of an Emergency* - Every effort will be made to reach you to reschedule your appointment at your earliest convenience. You are expected to do the same to protect your commitment.

## Communication

We are committed to ensuring that your privacy is protected. Should we ask you to provide certain information by which you can be identified when using this website; you can be assured that it will only be used in accordance with this privacy statement.

We will not intentionally share the contents of any email or information submitted via the internet with any third party. However, due to the nature of electronic communications, we cannot and do not provide any assurances that the contents of your email will not become known or accessible to third parties. We urge you not to provide any confidential information to us via electronic communication. Should you choose to communicate via email, the provider contacted will respond to any emails sent until you request that form of communication to cease. Please take all precautions necessary to secure your email should you choose to use it to contact the provider.

## For Questions, Concerns or Complaints

As a life coach professional, I am committed to practice according to the ethics of my profession. You may contact the ICF with questions or to register complaints about any life coach professional.

## Signature and Submission

Please type your name below to indicate consent and commitment to coaching.

Click to edit this text...

**Client's Signature**

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**Date**

Month

Day

Year

**How would you rate this form?**

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