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Life Coach Intake Form

Please provide the following information. Information you provide is confidential, used just as coaching. Please complete this form and email to Edward@YourWayTherapies.com or print out and bring into the office 48 hours prior to your first 30-minute consultation appointment.

Date: _____

Name: _____
(First) (Last) (Middle Initial)

Birth Date: ____/____/____ Age: ____ Preferred Gender: _____

Address: _____
(Street and Number) (City) (State) (Zip)

Home Phone: () _____ May we leave a message? Yes No

Cell Phone: () _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No
Please be aware that email might not be secure.

Marital Status: Single Never Married Partnered Married Separated Divorced Widowed

Name of spouse/partner: _____

Name of Children and ages: _____

Referred by: (check any that apply)

- Klemmer Family or Friend Website
- Another counselor: _____
- Physician or Psychiatrist: _____
- Other: _____



Personal/Professional Goals:

Please rate the following areas of your life (1=horrible and stressful; 10=amazing)

Emotions:_____ Relationships:_____ Body:_____ Work:_____ Money:_____ Spirituality:_____

What are the biggest changes you want to make in your life in the next 3 months?

- 1. _____
- 2. _____
- 3. _____

What are the biggest changes you want to make in your life over the next 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 are three things you are tolerating in your personal life right now?

- 1. _____
- 2. _____
- 3. _____

What is one thing you would like to achieve but aren't sure how to do it?

What would you say have been your 3 greatest accomplishments to date?

- 1. _____
- 2. _____
- 3. _____

What do you expect to achieve in life as a result of hiring me as your life coach?

What is the hardest thing/event in your life that you have not yet overcome?

What is the hardest thing/event 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 relationship, job role, residence, a change in children's ages/stages, etc.)

Who are or have been your major role models? Why?

Have you worked with a coach before or a similar one-on-one adult relationship (e.g. tennis coach, piano teacher, and therapist)? If so, what worked well for you and what did not work in the relationship(s)?

How do you like to be supported when hitting challenges in your personal growth or thought process (examples: have a good listener, strategize with someone, work with a devil's advocate, journal, etc)?

Who will be supporting you through this process?

Circle what describes you best:

- | | | |
|-----------------------------------|----|----------------------------------|
| Motivated by getting things done | OR | Motivated by being around people |
| Likes to be in charge | OR | Likes to go with the flow |
| Never write anything down | OR | Check lists |
| Asks others what they want to eat | OR | Tells others what we are eating |

Your Life Story / History: What would you like to share with me? *(Use back if more space needed)*

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 present. (Examples: information you can't find, clutter, rude friends, tight shoes, dented car, job dissatisfaction, dead plants, broken equipment, cranky 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: _____

Leisure:

Hobbies: _____

What do you spend most of your leisure time doing?

Thank you - we look forward to working with you!

