



Life Strategy Intake

"Healing Hearts, Empowering Services"



LIFE 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 : _____

Name of parent/guardian (if you are a minor) : _____

Birth Date : _____ Age : _____ Gender : Male Female

Address : _____

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

Cell/Other Phone : _____ May we leave a message ? : Yes No

Email : _____ May we email you ? : Yes No

**Please be aware that email may not be confidential*

Marital Status :

Never Married Partnered Married Separated Divorced Widowed

If married, name of spouse : _____

Name of children and ages : _____

Referred by : (check any that apply)

Psychology Today

Internet Search

Family or Friend

Website

Another Counselor : _____

Physician or Psychiatrist : _____

LIFE STRATEGY INTAKE FORM

Personal / Professional Goals

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 are the most want to achieve for yourself in your life/career ?

1. _____
2. _____

What are the restraining forces keeping you from achieve these ?

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 ?

LIFE STRATEGY INTAKE FORM

What are 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 relationship, job role, residence, a change in children's age/stages, etc)

Who ate or have been your major-role models? Why?

Have you worked with 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) ?

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 present.

(Example: 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 with 10 high, rate the amount of stress in your life right now. _____

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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 :

LIFE STRATEGY INTAKE FORM

Leisure

Hobbies :

What do you spend most of your leisure time doing ?
