

Intake

Date _____

Name _____ Date of Birth _____

Address _____

Contact number _____ Emergency contact _____

Are you employed? If so, where? _____

Referral source _____

What issue (s) are you hoping we can work on?

Have you ever worked with a Life coach before? If so, please briefly describe your experience.

Have you ever worked with a therapist before? If so, please briefly describe your experience.

Are you currently taking any kind of behavioral medications i.e. for anxiety depression/Bipolar etc?

Do you have any health concerns that you want me to be aware of?

Any drug or alcohol use?

Have you ever had thoughts of wanting to hurt or kill yourself or someone else?

Have you ever been hospitalized for any type of Behavioral Health issue?
