

**New Client Information**

[ ]  **Life Coaching** [ ]  **Career Coaching**

**Personal History**

Name: Click or tap here to enter text. Age: Click or tap here to enter text.

Address: Click or tap here to enter text. Date of Birth: Click or tap to enter a date.

 Click or tap here to enter text. Race Choose an item.:

Years of education: Click or tap here to enter text. Present marital status: Choose an item.

Phone: Home Click or tap here to enter text.: Work: Click or tap here to enter text.

Cell: Click or tap here to enter text.

Email: Click or tap here to enter text. Occupation: Click or tap here to enter text.

Today’s date Click or tap to enter a date.

**Description of Problem**

Are you receiving coaching or counseling services at present? Yes[ ]  No [ ]

If yes, briefly describe and indicate your counselor’s or life coach’s name and phone number and/or email address:

Click or tap here to enter text.

What is the problem or need for which you are seeking help?

Click or tap here to enter text.

How much stress is this problem/need causing you in general? (Circle or highlight one number)

1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]  7 [ ]

Low Medium High

How much do you want to find a solution for this problem/need?

1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]  7 [ ]

Low Need Medium Need High Need

How long has this problem or need been present?

Click or tap here to enter text.

Under what conditions does this problem or need get worse?

Click or tap here to enter text.

Under what conditions does this problem or need improve?

If this problem wasn’t present, what would your life be like?

Click or tap here to enter text.

**Medical History**

List any major illnesses and/or operations you have had:

Click or tap here to enter text.

List any physical concerns you are having at present (e.g. high blood pressure, headaches, muscle pains, dizziness)

Click or tap here to enter text.

Do you frequently feel depressed or have low mood? Yes [ ]  No [ ]

Do you have trouble falling asleep at night? Yes [ ]  No [ ]

On average, how much sleep per night do you get? Click or tap here to enter text.

How much alcohol do you usually drink per week? Click or tap here to enter text.

Do you smoke? Yes [ ]  No [ ]  How much? Click or tap here to enter text.

How many cups of coffee and/or other caffeinated beverages do you drink per day? Click or tap here to enter text.

Describe your appetite: [ ] poor, [ ]  average, [ ]  large

Has it changed lately? Yes [ ]  No [ ]

If YES, how? Click or tap here to enter text.

What medications (and dosages) are you taking at present, and for what purpose?

Medications Purpose

1. Click or tap here to enter text. Click or tap here to enter text.
2. Click or tap here to enter text. Click or tap here to enter text.
3. Click or tap here to enter text. Click or tap here to enter text.
4. Click or tap here to enter text. Click or tap here to enter text.

**Religious/Spiritual Concerns**

Thank you for sharing with me your religious/spiritual concerns. All information is confidential.

What is your present religious affiliation?

[ ]  Catholic

[ ]  Jewish

[ ]  Protestant (specify denomination if any) Click or tap here to enter text.

[ ]  None, but I believe in a force beyond myself

[ ]  Atheist or agnostic

[ ]  Other (please specify) Click or tap here to enter text.

How important is your spirituality to you?

Unimportant Average Extremely Important

1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]  7 [ ]

**Family History**

Mother’s age (if living, please indicate if deceased) Click or tap here to enter text.

Father’s age (if living, please indicate if deceased) Click or tap here to enter text.

Number of brother(s) Click or tap here to enter text. Their ages Click or tap here to enter text.

Number of sister(s) Click or tap here to enter text. Their ages Click or tap here to enter text.

Briefly describe your relationship with your brothers and/or sisters

Click or tap here to enter text.

Briefly describe your relationship with your mother and father (in present time or 3

Click or tap here to enter text.

**Looking at the Positives in Your Life**

1. What gives life to you now?

Click or tap here to enter text.

2. Describe a high point or peak experience in your life or work up to now.

Click or tap here to enter text.

3. What are some past successes in your life?

Click or tap here to enter text.

4. What do you most value about...

**Yourself:**

Click or tap here to enter text.

**Your Relationships:**

Click or tap here to enter text.

**Your Work or Business:**

Click or tap here to enter text.

5. What are two things you want more of in your life, work or business?

Click or tap here to enter text.

**Symptoms of Your Problem**

Check the negative behaviors and symptoms that occur to you more often than you would like them to take place:

[ ]  aggression [ ]  fatigue [ ]  sexual difficulties

[ ]  alcohol dependence [ ]  hallucinations [ ]  sick often

[ ]  anger [ ]  heart palpitations [ ]  sleeping problems

[ ]  antisocial behavior [ ]  high blood pressure [ ]  speech problems

[ ]  avoiding people [ ]  hopelessness [ ]  suicidal thoughts

[ ]  chest pain [ ]  impulsivity [ ]  thoughts disorganized

[ ]  depression/low mood [ ]  irritability [ ]  trembling

[ ]  disorientation [ ]  loneliness [ ]  withdrawing

[ ]  distractibility [ ]  memory impairment [ ]  worrying

[ ]  dizziness [ ]  mood shifts [ ]  disliking your job

[ ]  drug dependence [ ]  panic attacks [ ]  life lost meaning

[ ]  eating disorder [ ]  phobias/fears [ ]  other (specify)

[ ]  elevated mood [ ]  recurring thoughts [ ]  Click or tap here to enter text.

[ ]  problems with [ ]  feeling driven [ ]  Click or tap here to enter text.

relationships [ ]  never enough time [ ]  Click or tap here to enter text.

[ ]  your life out of control [ ]  can’t find your purpose [ ]  Click or tap here to enter text.

**Mental Health History**

Describe any mental health problems you have had in the past:

Click or tap here to enter text.

**Characteristics and Desires**

List your three greatest strengths:

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

List your three greatest weaknesses:

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

If you had the life that you really wanted what would it be like…your work, your relationships, who you are, etc. How would things be different than now?

Click or tap here to enter text.

If you are married, or anticipate having a significant other, if you could wave a magic wand, what do you really want the relationship to be like?

Click or tap here to enter text.

List any important social/relationship difficulties:

Click or tap here to enter text.

How would you like your social environment or relationships to be like if you could create whatever you wanted?

Click or tap here to enter text.

List any important difficulties at work, school, or your business:

Click or tap here to enter text.

How would you like the difficulties at work, school or business to change so that you could be happier?

Click or tap here to enter text.

List any important difficulties at home:

Click or tap here to enter text.

How would you like the difficulties at home to change for the better?

Click or tap here to enter text.

List any behaviors you would like to learn:

Click or tap here to enter text.

Additional information you believe would be helpful:

Click or tap here to enter text.

Please fill out this form and either bring it to your first meeting, email it or fax it to the numbers below. Your completion of this form will provide essential information to help customize our approach to your needs. If you have any questions, email Granville at gfreeman@nspirednetwork.com.

**Mailing Address Email address**

NBA Family Services & Solutions, LLC. gfreeman@nspirednetwork.com

995 Roswell Street, Suite 100

Marietta, GA 30060 **Fax:** (404) 393-7401

I understand that all information is completely confidential and that payment is due when service is rendered, unless special arrangements have been made. I further understand that if I cancel or reschedule an appointment with less than 24-hours notice, unless there is a documented family or medical emergency, I am responsible for 75% of the cost of the missed or rescheduled session. I also understand that if I fail to attend a session without any notice, I am responsible for 100% of the cost of the missed session.

**Agreement to Hold Harmless** The undersigned does hereby agree to hold harmless and indemnify N’Spired By Achievement Family Services & Solutions, LLC, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the undersigned in the course of the life coaching process. The undersigned understanding that life coaching is not the same as counseling, psychiatry, or any other form of therapy, nor does the provider claim to diagnose, treat, prevent, or assist with any medical conditions. No coaching outcomes are ever guaranteed in any way. The undersigned takes full responsibility for his or her actions, decisions, and application of learning throughout the life coaching process

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Signature Date

**Emergency Contact::**

Click or tap here to enter text.

Printed Name

Click or tap here to enter text. Click or tap here to enter text.

Phone Number Email Address