

Client Questionnaire

DISCLAIMER: Coaching is not intended to replace conventional medical treatment but to complement it. If symptoms persist or the ailment is severe, please consult a medical practitioner immediately, any attempts of self-harm to yourself or to others will result in calling your emergency contact and further steps may be taken if necessary, to ensure everyone's safety.

Please note: Information provided on this form is protected as confidential information.

Personal Information

Name: _____ Date: _____

Parent/Legal Guardian (if under 18): _____

Address: _____

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

Mobile/Work/Other Phone: _____ May I leave a message? Yes No

Emergency Contact: Relation: _____ Phone: _____

Email: _____ May I leave a message? Yes No

DOB: _____ Age: _____ Gender: _____ for which you identify with. And the preferred pronouns: _____

Marital Status:

Never Married Domestic Partnership Married Separated Divorced Widowed

Referred By (if any): _____

History

General and Mental Health Information

1. How would you rate your current physical health? (Please circle one):

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems you are currently experiencing:

2. How well are you at taking care of personal care needs? (Please circle one):

Poor Unsatisfactory Satisfactory Good Very good

3. What are some things that make you happy? _____

4. How is home life? (Please circle one):

Poor Unsatisfactory Satisfactory Good Very good

And why? _____

5. Do you live on your own? Yes No

If no, who lives with you? _____

6. Which fictional character best describes you and how you are as a person?

_____ And why? _____

7. What are some hobbies you have? _____

8. What is one thing you would change about yourself if you could? _____

9. How would you rate your current sleeping habits? (Please circle one):

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems you are currently experiencing:

10. How many times per week do you generally exercise? _____

11. What types of exercise do you participate in?

12. Please list any difficulties you experience with your appetite or eating problems:

13. Are you currently experiencing overwhelming sadness, grief or depression? Yes No

If yes, What's reason behind those feelings?

14. Are you currently experiencing anxiety, panic attacks or have any phobias? Yes No

If yes, when did you begin experiencing this?

15. Are you currently experiencing any harmful thoughts towards yourself or others? Yes No

If yes, please describe:

16. Do you drink alcohol? Yes No

If yes, how often? _____

17. Do you engage in recreational drug use? Yes No

If yes, how often? _____

18. Are you sexually active? Yes No

If yes, how would you describe your sex life? Unsatisfactory Satisfactory

19. Are you practicing risky sexual behaviors? Yes No

If yes, how often? _____

20. What significant life changes or stressful events have you experienced recently?

21. Any general risky behaviors? Yes No

If yes, please describe the behaviors _____

Family Mental Health History

In the section below, identify if there is a family history of any of the following.

If yes, please indicate the family member's relationship to you in the space provided (e.g., father, grandmother, uncle, etc.).

Alcohol/Substance Abuse Yes / No _____

Anxiety Yes / No _____

Depression Yes / No _____

Domestic Violence Yes / No _____

Eating Disorders Yes / No _____

Obesity Yes / No _____

Obsessive Compulsive Behavior Yes / No _____

Schizophrenia Yes / No _____

Bipolar Disorder Yes/No _____

Suicide Attempts Yes / No _____

Additional Information

1. Are you currently employed? Yes No

If yes, what is your current employment situation?

2. Do you enjoy your work? Is there anything stressful about your current work?

3. What do you consider to be some of your strengths?

4. What do you consider to be some of your weaknesses?

5. What would you like to accomplish out of your time in coaching?

(Client Signature or Legal Guardian) (If under 18)

(Coach)

(Printed Name)