New Client Information

☐ Life Coaching ☐ Career Coaching

Personal History

Name: _____ Age: _____
Address: _____ Date of Birth: _____
_____ Race: _____

Years of education: _____ Present marital status: _____
Phone: Home: _____ Work: _____ Cell: _____
Email: _____ Occupation: _____
Today's 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:

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

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?

Under what conditions does this problem or need get worse?

Under what conditions does this problem or need improve?

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

Medical History

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

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

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? _____
How much alcohol do you usually drink per week? _____
Do you smoke? Yes_____ No_____ How much? _____
How many cups of coffee and/or other caffeinated beverages do you drink per day? _____
Describe your appetite: ___poor, ____ average, _____large
Has it changed lately? _____ If so,
how?_____

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

Medications	Purpose

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)_____
____None, but I believe in a force beyond myself
____Atheist or agnostic
____Other (please specify)_____

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) _____
Father's age (if living, please indicate if deceased) _____
Number of brother(s) _____Their ages _____ _____ _____ _____
Number of sister(s)_____ Their ages _____ _____ _____ _____

Briefly describe your relationship with your brothers and/or sisters

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

Looking at the Positives in Your Life

1. What gives life to you now?

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

3. What are some past successes in your life?

4. What do you most value about...
Yourself:

Your Relationships:

Your Work or Business:

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

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	_____
_____problems with relationships	_____feeling driven	_____
	_____never enough time	_____
_____your life out of control	_____can't find your purpose	_____

Mental Health History

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

Characteristics and Desires

List your three greatest strengths:

1.
2.
3.

List your three greatest weaknesses:

1.
2.
3.

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?

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?

List any important social/relationship difficulties:

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

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

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

List any important difficulties at home:

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

List any behaviors you would like to learn:

Additional information you believe would be helpful:

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
NBA Family Services & Solutions, LLC.
995 Roswell Street, Suite 100
Marietta, GA 30060

Email address
gfreeman@nspirednetwork.com

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 50% 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

_____ _____
Signature Date

Emergency Contact::

_____
Printed Name

_____ _____
Phone Number Email Address