



## Intake Questionnaire

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**(Please circle any addresses, phone numbers or e-mails that you DO NOT want me using to reach you OR leaving a message. I do not want to compromise your confidentiality or create an uncomfortable situation.)**

Are you Married? \_\_\_\_\_ For How Long? \_\_\_\_\_

Previous Marriages? (Him) \_\_\_\_\_ How Many? \_\_\_\_\_ (Her) \_\_\_\_\_ How Many? \_\_\_\_\_

Are your parents divorced? (Him): \_\_\_\_\_ How old were you? \_\_\_\_\_ (Her): \_\_\_\_\_ How old were you \_\_\_\_\_

Please give the following info for each person that currently lives in your home, ***including yourself***:

<u>Name</u>	<u>Age</u>	<u>Relationship to Self</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently taking any prescription psychiatric medications? \_\_\_\_\_

<u>Dr./Drug</u>	<u>Reason</u>	<u>How Long</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any current or expected legal involvement?\_\_\_\_\_ If yes, please explain:\_\_\_\_\_

\_\_\_\_\_

Are you currently under an order of protection?\_\_\_\_\_ If yes, please explain:\_\_\_\_\_

Who may we contact in the event of an emergency? Please mark your initials to give us permission to do this.\_\_\_\_\_

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

Do you currently attend a church? Which one?\_\_\_\_\_

What is your occupation? (Him):\_\_\_\_\_ (Her):\_\_\_\_\_

Have you ever been to see a coach before? \_\_\_\_\_

Was it helpful? \_\_\_\_\_

Have you ever been to see a mental health professional before? \_\_\_\_\_ For what? \_\_\_\_\_

How did you hear about Foxhole Strategic Life Coaching?\_\_\_\_\_

Who is your local professional mental health agency/counselor? **(must have at least identified this resource to begin coaching)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

What brings you to coaching today? Do you have any special/extenuating circumstances I need to know?

\_\_\_\_\_

\_\_\_\_\_

\*\*\*Are you allergic to dogs or do you have an aversion to them?\_\_\_\_\_

*Our office is located in a dog friendly building and from time to time, we - or other tenants - may have one of our family dogs with us.*