

# COACHING INTAKE FORM

Amanda M. Buswell, LMFT  
Family Life Coach

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Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

May I leave a message? \_\_\_\_\_

Work Phone \_\_\_\_\_

May I leave a message? \_\_\_\_\_

Cell Phone \_\_\_\_\_

May I leave a message? \_\_\_\_\_

Email address: \_\_\_\_\_

## Physical History

General Health \_\_\_\_\_

Are you now under a doctor's care? \_\_\_\_\_ If yes, name of doctor \_\_\_\_\_

Reason for doctor's care \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Reason for medication \_\_\_\_\_ Last medical examination \_\_\_\_\_

Have you ever been hospitalized for a physical illness? \_\_\_\_\_

Describe \_\_\_\_\_

Have you ever been hospitalized for a mental illness? \_\_\_\_\_

Describe \_\_\_\_\_

Any recent major illnesses or surgeries? \_\_\_\_\_

Any recurrent or chronic conditions? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Do you take drugs? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

Do you drink? \_\_\_\_\_ How much per day? \_\_\_\_\_

Any Previous Therapy/Coaching? \_\_\_\_\_

If yes, describe? \_\_\_\_\_

when? \_\_\_\_\_ where? \_\_\_\_\_ how long? \_\_\_\_\_

what for? \_\_\_\_\_

### Work History

Occupation \_\_\_\_\_ How long? \_\_\_\_\_

Unemployed \_\_\_\_\_ If yes, describe \_\_\_\_\_

Hobbies/Avocations \_\_\_\_\_

### Family Systems Information

Where born \_\_\_\_\_ How long there? \_\_\_\_\_ Ethnicity \_\_\_\_\_

Marital Status \_\_\_\_\_ #of marriages \_\_\_\_\_ Spouse's name \_\_\_\_\_

Living with a partner \_\_\_\_\_ How long? \_\_\_\_\_ Partner's Name \_\_\_\_\_

#### Parents:

Father alive \_\_\_\_\_ Where residing \_\_\_\_\_ Relationship \_\_\_\_\_

Mother alive \_\_\_\_\_ Where residing \_\_\_\_\_ Relationship \_\_\_\_\_

**Children:** If a child is deceased, put an X in the age space.

#1 Sex \_\_\_\_\_ Age \_\_\_\_\_ #2 Sex \_\_\_\_\_ Age \_\_\_\_\_ #3 Sex \_\_\_\_\_ Age \_\_\_\_\_ #4 Sex \_\_\_\_\_ Age \_\_\_\_\_

#5 Sex \_\_\_\_\_ Age \_\_\_\_\_ #6 Sex \_\_\_\_\_ Age \_\_\_\_\_

**Siblings:** Enter "Me" in the age space for your place in the family. If a sibling is deceased, put an X for age.

#1 Sex \_\_\_\_\_ Age \_\_\_\_\_ #2 Sex \_\_\_\_\_ Age \_\_\_\_\_ #3 Sex \_\_\_\_\_ Age \_\_\_\_\_ #4 Sex \_\_\_\_\_ Age \_\_\_\_\_

#5 Sex \_\_\_\_\_ Age \_\_\_\_\_ #6 Sex \_\_\_\_\_ Age \_\_\_\_\_ #7 Sex \_\_\_\_\_ Age \_\_\_\_\_ #8 Sex \_\_\_\_\_ Age \_\_\_\_\_

Family Alcoholism? \_\_\_\_\_ Family substance abuse? \_\_\_\_\_ Sexual addictions or abuse? \_\_\_\_\_

Parents divorced? \_\_\_\_\_ If yes, what year \_\_\_\_\_ Your age at the time \_\_\_\_\_

Parents deceased, what year? \_\_\_\_\_ Your age at the time \_\_\_\_\_ Cause of death \_\_\_\_\_

Any step-parents? \_\_\_\_\_ If yes, describe when? \_\_\_\_\_

and describe your relationship with them. \_\_\_\_\_

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If reared by someone other than your birth parents, describe the situation in some detail below.

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**Spiritual History**

Religious upbringing \_\_\_\_\_ Present Affiliation \_\_\_\_\_

Is this an important part of your life? \_\_\_\_\_ Why or why not \_\_\_\_\_

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**Emotional Status**

Are you currently experiencing strong emotions? \_\_\_\_\_

If yes, describe \_\_\_\_\_

Do you make decisions based on your emotions? \_\_\_\_\_

How well does that work for you? \_\_\_\_\_

Did you have what you would consider to be childhood or other traumas? \_\_\_\_\_

If yes, describe \_\_\_\_\_

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Have you been treated for emotional disturbances? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you had any thoughts of suicide? \_\_\_\_\_ If so, when \_\_\_\_\_

Do you have any thoughts now? \_\_\_\_\_

**Present Situation**

Please state why you decided to come for coaching now? \_\_\_\_\_

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What is the nature of your situation and how long has it been a problem? \_\_\_\_\_

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What would you like to experience that is different from what you are experiencing now and how are you hoping I can help? \_\_\_\_\_

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What do you consider to be your strengths? \_\_\_\_\_

What do you like most about yourself? \_\_\_\_\_

What do you consider to be your weaknesses? \_\_\_\_\_

Write anything else in the space below that you think would be helpful for me, as your therapist, to know.

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