

# YourStrategicCoach.com

## NEW CLIENT INFORMATION FORM

*Please provide the following information and answer the questions below.*

### Client Information

Date: \_\_\_\_\_

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

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

Best time to call? \_\_\_\_\_

Is it okay to leave messages at these numbers?  Yes  No

If no, please list which number it is okay to leave a message \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

\_\_\_\_\_ City State Zip

How long have you been living at this address? \_\_\_\_\_

Occupation: \_\_\_\_\_

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

For appointment scheduling, what are the best:

Times of day: \_\_\_\_\_

Days of the week: \_\_\_\_\_

Marital Status:

Never Married  Married  Domestic Partnership  Divorced  Widowed

Emergency Contact Information:

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

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

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

Please list the names and relationships of the five most important people in your life:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Do you have pets?  Yes  No

If yes, please list: \_\_\_\_\_

Education: \_\_\_\_\_

How would you rate your overall physical health?

Excellent  Great  Good  Fair  Poor

Do you have any sleep problems?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you dealing with any past or current addictions?  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you had any issues with Depression, Anxiety, or ADD/ADHD (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder)?  Yes  No

If yes, please describe: \_\_\_\_\_

Are you currently seeing a therapist?  Yes  No

If yes, please describe what issues your addressing in therapy:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications?  Yes  No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

Are you usually:  Early  On Time  Running Late

Do you exercise regularly?  Yes  No

If yes, please describe what you do and how often:

\_\_\_\_\_  
\_\_\_\_\_

How often do you watch television?

\_\_\_\_\_

What are your favorite hobbies and sports?

\_\_\_\_\_

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What do you do for fun?

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What is your spiritual orientation?

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When you treat yourself, what are things you like to do?

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What is your idea of a perfect vacation?

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How did you hear about me?

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