



## COACHING INTAKE FORM

The information collected from this form is required for our professionals to provide you with the highest level of care. The information that you provide is strictly confidential and for office use only. Thank you!

Name: \_\_\_\_\_ Alberta Health Care Number: \_\_\_\_\_

Last First

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

Apt/Unit Street City/Province Postal Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship Status: S  M  Partner  W  D   
dd/mm/yyyy

Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

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

### Do you consent to contact via e-mail for appointment reminders and information regarding your wellness?

YES  NO Please sign name here: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Important People in your life: \_\_\_\_\_

How did you find us? Website  Facebook  Sign  Referred By \_\_\_\_\_

### Reason(s) for coaching:

#### Self-Assessment

0 is rarely 1 is occasionally 2 is frequently 3 is often or daily

If 0 or 1,  
pls describe

I achieve my goals	0	1	2	3
I know who I am	0	1	2	3
I honor my values	0	1	2	3
I feel optimistic	0	1	2	3
I feel supported in my life	0	1	2	3
I am kind to myself	0	1	2	3
I make decisions easily	0	1	2	3
I am free to move forward	0	1	2	3
I easily express how I feel	0	1	2	3
I understand my purpose	0	1	2	3
I'm ok making mistakes	0	1	2	3

#### I would like to:

- Feel more fulfilled
- Get unstuck
- Decrease/manage stress
- Be in alignment with what matters
- Make a courageous change
- Create accountability
- Improve self-care
- Take action on something
- Improve a relationship
- Be less irritable/angry/critical/sad
- Work through a loss
- Improve self-awareness
- Reduce feelings of overwhelm
- Other \_\_\_\_\_

**If you met your goal(s), what would become possible for you?**

**Is there anything else that is important for me to know about you?**

**I agree to shape the coaching relationship to best meet my needs by:**

- Exploring what is alive inside to help align body and mind, heart and soul, to take responsibility to live in harmony with my deepest values and needs
- Sharing what I know about my own motivation and obstacles
- Asking for changes if the coaching strategy is not working—being a co-creator!
- Following through with homework that is agreed upon

**I agree to the following business items:**

- The fee is \$125 per 55 minute session
- If I am late, the appointment will still end at the designated time
- I will re-schedule appointments at least 24 hours in advance or forfeit the appointment
- After two missed appointments without re-scheduling the coaching alliance may be terminated

**I give Deena permission to:**

- Support, challenge and empower me in acting to fully honor key needs as identified
- Hold me accountable for taking actions I commit to
- Interrupt me on occasion to keep our session in service of my stated needs and goals

***I clearly understand and agree that all services are charged directly to me and that I am personally responsible for payment. I understand that the coaching conversations are confidential unless a legal or ethical issue is involved that breaks the law or harms another individual.***

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