

FAITH ASSEMBLY LIFE COACHING CENTER

Intake Information and Questionnaire

Thank you for bringing your life coaching needs to us. Please answer the following questions so that we can better assist you. *Answers are confidential except where law requires reporting or disclosure.*

Personal Information

Date _____

Name: _____ Spouse/Partner Name _____

Address: _____

Marital Status: (circle one) Single Married Separated Divorced Widow/Widower

Date of Birth: _____ Spouse Date of Birth: _____

Phone (day): _____ Phone (evening): _____

Emergency Contact Name and Phone # _____

Marriage and Family

If applicable, have either you or your spouse been previously married? _____ If so, please explain the circumstances _____

Children (Indicate names, ages, and if they are step children or adopted): _____

Health & Spiritual Life

Basic Physical Health: ___ Excellent ___ Good ___ Fair ___ Poor

Are you being treated for any specific illness? ___ Yes ___ No

Nature of the Illness: _____

Are you taking any medications (prescription or non-prescription)? ___ Yes ___ No

If "yes" name of drug(s) and what it treats: _____

Do you smoke? ___ Yes ___ No What and how much per week? _____

Do you consume alcohol? ___ Yes ___ No What and how much per week? _____

Continued on reverse side

Do you consider yourself a Christian and feel you are walking or living in a right relationship with God?
___ Yes ___ No Explain your answer: _____
_____.

Do you attend church regularly? _____. If so, what church and what involvement do you have in the church? _____.

Briefly answer the following questions:

1. What is the main problem or issue that brings you here for life coaching?
2. What have you done in the past about the main problem or issue?
3. Are you currently seeing, or have you ever seen, a psychiatrist, psychologist, mental health practitioner, or received pastoral counseling? _____ If so, please explain the reasons/circumstances.
4. What are your expectations from your anticipated time with a spiritual care giver or life coach?
5. Is there any additional information we should know?

Rate each issue (0 – 5) 0= no concerns; 3= some concerns; 5= serious concerns:

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|--------------------------|-------------------------|----------------------------|---------------------|
| ___ Spiritual Concerns | ___ Spiritual Confusion | ___ Physical Health Issues | ___ Physical Abuse |
| ___ Parenting Issues | ___ Sexual Abuse | ___ Depressed Feelings | ___ Gambling |
| ___ Self injury Behavior | ___ Anxiety Feelings | ___ Family Conflicts | ___ Dating Problems |
| ___ Poor Self Discipline | ___ Marital Issues | ___ Authority Conflict | ___ Fears |
| ___ Social Relationships | ___ Legal Issues | ___ Inferiority Feelings | ___ Grief |
| ___ Guilty Feelings | ___ Pornography | ___ Suicidal Thoughts | ___ Loneliness |
| ___ Alcohol Use | ___ Irritability | ___ Homicidal Thoughts | ___ Stress |
| ___ Sleeping Issues | ___ Finances | ___ Sexual Issues | ___ Forgiveness |
| ___ Divorce Issues | ___ Panic Thoughts | ___ Smoking | ___ Anger |
| ___ Strange Thoughts | ___ Drug Use | ___ Self Confidence | ___ Other (explain) |