LIFE FOCUS CENTER
Healing Hearts, Renewing Purpose, Growing Faith

LIFE COACHING INTAKE FORM

Please provide the following information. Please print out this form and bring it to your first session or allow yourself 15 minutes prior to your appointment to complete the form in the office.

Date: _____

Name: _____
(First) (Last) (Middle Initial)

Name of parent/guardian (if a minor)

_____
(First) (Last) (Middle Initial)

Birth Date: _____/_____/_____ **Age**: _____ **Gender** _____ Male _____ Female

Address: _____
(Street and Number) (City) (State) (Zip)

Home Phone: ( )_____May we leave a message? ____Yes ____No

Cell/Other Phone ( )_____ May we leave a message? ____Yes ____No

E-mail: _____May we email you? ____Yes ____No

Marital Status
___Never Married ___Partnered ___Married ___Separated ___Divorced ___Widowed

If married, name of spouse: _____

Name of Children and ages: _____

Referred by: (check any that apply)
___ Psychology today
___ Internet Search
___ Family or Friend
___Website
___Another counselor: _____
___ Physician or Psychiatrist: _____

Personal/Professional Goals:

What are the biggest changes you want to make in your life in the next 3 months?

1. _____
2. _____
3. _____

What are the biggest changes you want to make in your life over the next 3 years?

1. _____
2. _____
3. _____

What do you most want to achieve for yourself in your life/career?

_____
_____
_____

What are the restraining forces keeping you from achieve these?

_____
_____
_____

What would you say have been your 3 greatest accomplishments to date?

1. _____
2. _____
3 _____

What do you expect to achieve in life as a result of hiring me as your life coach?

_____
_____
_____

What is the hardest thing in your life that you have had to overcome?

_____
_____
_____
_____
_____
_____

What major transitions or life changes have you had in the past two years? (Example: Entering or approaching a different age, a new or different relationship, job role, residence, a change in children's ages/stages, etc.)

_____
_____
_____

Who are or have been your major role models? Why?

_____
_____
_____

Have you worked with a coach before or a similar one-on-one adult relationship (e.g. tennis coach, piano teacher, and therapist)? If so, what worked well for you and what did not work in the relationship(s)?

_____
_____
_____
_____
_

Who will be supporting you through this process?

_____
_

Your Life Story / History: What would you like to share with me?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Use back if more space needed)

On a scale of 1 to 10 with 10 high, rate the quality of your life today. _____

List five things that you're personally tolerating or putting up with in your life at present. (Examples: information you can't find, clutter, rude friends, tight shoes, dented car, job dissatisfaction, dead plants, broken equipment, cranky people in your life etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

In a typical week, what do you spend a great amount of time doing?

_____
_____
_____

What are your primary stressors? (What stresses you out?)

_____
_____
_____

On a scale of 1 to 10, 10 high, rate the amount of stress in your life right now. ____

Life Changes

Please list any changes you would like to make in the following areas:

Family:

_____
_____

Money / Financial Situation:

_____
_____

Career / Business life:

_____
_____

Service / Personal Character:

_____
_____

Relationships:

_____
_____

Friends:

_____
_____

Living Space / Home:

_____
_____

Personal Growth / Learning:

_____
_____

Health / Self Care:

_____
_____

Creativity:

_____
_____

Play / Leisure time:

_____
_____

Leisure: Hobbies:

_____
_____
_____
_____
_____

What do you spend most of your leisure time doing?

_____
_____

Please check all the boxes that apply (even if only a part applies or slightly applies)

My Current Stress Situation

□ I am experiencing daily stress from being stuck in a situation over a long time of exposure

□ I am feeling stressed from going through a cycle of chaos and crisis even though the external stressors may not be happening right now

□ I feel stressed because something recently has happened or I am anticipating something happening

□ An accurate Stress Summary would include the following:

- □ I have job stress
- □ I have career stress
- □ I have purpose/spiritual stress □ I have sleep stress
- □ I have people/friend/family stress
- □ I have physical/body/pain stress
- □ I have time stress
- □ I have role stress
- □ I have food/diet stress
- □ I have communication stress

Work/Career

□ I am thinking about quitting my job

□ I love my work, but …. (there's too much of it, I don't get paid enough, etc.)

□ I have a job, but it isn't my career and I feel stuck

□ I'm not looking for a career right now; however, my current job isn't satisfying in several ways, but …. I have to stay (I need the money right now, there's too much work, I don't really get paid enough, etc.)

□ If only the people were different, I would like my job

□ I can't figure out the right career □ I am out of work and need work

□ I am retiring and not sure what comes next

Sleep

□ I feel tired, fatigued, and/or exhausted most of the time

□ I do not get enough solid sleep

□ I don't want to get out of bed

Thoughts Definitions:

A belief is an internal idea, a mental construct that something is true (even though that belief may be unproven or irrational). I believe that walking under a ladder brings bad luck. I believe capital punishment is wrong.

A value is a measure of the worth or importance a person attaches to something; our values are often reflected in the way we live our lives. I value freedom of speech. I value my family.

An attitude is the way a person expresses or applies their beliefs and values, and is expressed through words, emotions, and behavior. I get really upset when I hear about cruelty to children and animals. I hate school.

A perception is a way of understanding, or interpreting something; a mental impression. It is a lens through which you see, sense or hear an event/person. This lens is usually based on learned or observed patterns from childhood or is based on the results from previous similar experiences. Page 4 of 5

Thoughts, Perceptions and Attitudes

□ I tend to look at things in absolute, black and white categories (for example: all bad, all good)

□ I tend to view a negative event as a never ending pattern

□ I tend to dwell on the negatives and ignore the positives

□ I tend to discount my accomplishments or positive qualities (they don't count)

□ I tend to jump to conclusions: I assume people are reacting negatively to me; I predict things will turn out badly (even if I have no definite evidence)

□ I tend to over-react to things and blow them way out of proportion and come up with worst case scenarios OR I tend to minimize the importance of things inappropriately

□ I tend to let my emotions guide my thoughts: I don't feel like doing this, so I'll put it off. I feel like an idiot, so I really must be one. (Note: even though we say I feel like …. You can only think or believe you are an idiot. This is not actually a true emotion.)

□ I tend to judge myself with statements like I Should/Shouldn't or Must/Must not or Have to

□ I tend to judge others (either internally or externally) with a Should/Shouldn't or Must/Must not or Have to statement

□ I tend to label my shortcomings. Instead of saying I made a mistake. I tell myself I am a jerk; I am a loser; I'm pathetic; I'm hopeless

□ I tend to blame myself when something 'bad' happens, even if I am not entirely responsible for it

□ I tend to blame others when something 'bad' happens, and may overlook ways that my own attitude or behavior might have contributed to the situation

□ I tend to start a negative train of thoughts and then can't stop them

Emotions

□ I feel anxious, worried, and/or uneasy

□ I feel sad, depressed, and/or unhappy □ I have a short fuse and get upset quickly

□ I feel frustrated, annoyed, and/or angry

□ I have anxiety attacks

Body

□ I have many aches and pains in my body

□ I have tension in my muscles

□ I have indigestion, heartburn, and/or upset stomach

□ I have tension headaches, migraines

□ I don't exercise on a regular basis and don't move much

□ I don't pay much attention to my body; I don't like my body so it's best to ignore its messages

□ I tend to eat more when I'm stressed (and I have my special comfort foods)

□ I tend to eat less when I'm stressed (my body & stomach hurts so I can't eat)

My Living space

□ I hate/dislike where I live (the air/environment is bad, the space is not right, too far to drive, etc.)

□ I like where I live, but the neighbors drive me crazy

□ I can't keep it cleaned and/or clutter free

□ My roommate/ spouse is making my living space unpleasant

The People in my Life (including my Relationship)

□ I have a relationship that could use some improvement

□ I don't have a relationship and want one

□ My family members drive me crazy

□ My family members aren't part of my support system

□ I have lost my parents and/or family members □ My children are a source of stress; they are stressing me out

□ I don't have the support system I need from friends

□ I can't find the right group of friends/community/group, I could use some

Finances

□ I worry about money all the time

□ I don't know how much money is coming in

□ I don't know how much money is going out (I don't balance my check book)

□ I don't have retirement/savings/rainy day money and worry about it

□ I don't have help from family/spouse for money challenges

□ I don't make enough money

Thank you for taking the time to complete the Intake Form!

Life Coaching Agreement

Date: _____

Name: _____

Our sessions are conducted in any of the formats such as over the phone, in the office, or virtual (Zoom or FaceTime). Missing or rescheduling sessions is strongly discouraged. If an unforeseen event does require you to reschedule, we must be notified 24 hours prior to the scheduled session. Please remember that not completing, or partially completing your assignments is not a reason to reschedule. If assignments are not complete, it is very important that we work together during your scheduled session to strategize, overcome obstacles, and establish next steps. If notification is not given 24 hours prior to the scheduled session time, the session will be considered missed and thereby forfeited.

Life Coaching Disclaimer of Liability: Client hereby employs as a Life Coach for the purpose of supporting the Client with respect to Client's self-awareness, vision and goals, and strategic plans, has experience in such matters and agrees to render such coaching services. Although I am a counselor as well this is for the purpose of life coaching and strategizing.

I have read and agreed to the Policies and Disclaimer of Liability.

Client's Signature _____ Date _____

Life Coach's Signature _____ Date _____

Once you have completed this form please email it to Sharon Forster at sharon@lifefocuscenternj.org or bring it to the initial session.

Any questions, be sure to contact us at (609)864-9300