

Client Information

About You

Full legal name

Preferred name / pronouns

Date of birth

Phone number

Email address

Mailing address

Preferred method of contact

☐ Phone ☐ Email ☐ Text

Emergency Contact

Contact name and relationship

Emergency contact phone

Wellness & Coaching Goals

Your Current Experience

What brings you to coaching? (Select all that apply)

- ☐ Stress ☐ Anxiety management ☐ Life transitions ☐ Self-esteem ☐ Boundaries
☐ Relationships ☐ Motivation ☐ Work-life balance ☐ Emotional wellness
☐ Healthy routines

What is your main reason for seeking coaching right now?

What would you like to be different in your life?

What are your top 1–3 coaching goals?

Strengths & Supports

What personal strengths, interests, or resources help you cope?

Who or what supports your well-being?

Background & Preferences

Wellness Background

Are you currently receiving mental health counseling or psychiatric care?

☐ Yes ☐ No ☐ Prefer not to say

If yes, anything you would like your coach to know? (Optional)

Are there any immediate safety or mental health concerns you want us to know about?

☐ Yes ☐ No ☐ Prefer to discuss

If yes, please explain only what you are comfortable sharing.

Coaching Style

What approaches would help you most?

☐ Practical tools ☐ Accountability ☐ Reflection ☐ Structured goals
☐ Flexible conversations

What has or has not worked for you in the past?

Anything else you want your coach to know?

Coaching Understanding & Acknowledgment

Mental health coaching focuses on wellness, personal development, and practical goal-setting.

It is not a substitute for psychotherapy, psychiatric care, diagnosis, or crisis services.

Coaching does not provide emergency response. If you are in immediate danger, call 911; in the United States, call or text 988 for mental health crisis support.

Client Acknowledgment

By signing, I acknowledge that I understand the coaching service described above.

I understand I may ask questions about the coaching process and seek licensed clinical mental health services when appropriate. I understand that information handling, fees, cancellation policies, and consent terms will be addressed in separate service documents.

Please confirm:

☐ I have read and understand this acknowledgment

Client signature (type full name)

Date

For Coach Use Only

Coach / intake date

Initial focus and follow-up notes