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Coaching Client Intake and Questionnaire

Please fill out this biographical background form as completely as possible.
 If you do not desire to answer any question, merely write, "Do not care to answer." Please write clearly and bring it with you to the first session.

NAME: _____ **MALE/FEMALE:** _____ **DATE:** _____

DATE OF BIRTH: _____ **AGE:** _____

ADDRESS: _____

TELEPHONE: H: _____ **Cell:** _____ **W/Off:** _____ **FAX:** _____

FOR ROUTINE MESSAGES: Phone # _____ **E-mail:** _____

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone # _____ **E-mail:** _____

HIGHEST GRADE/DEGREE: _____ **TYPE OF DEGREE:** _____

ETHNIC ORIGIN _____ **FIRST LANGUAGE** _____

PERSON & PHONE NUMBER TO CALL IN EMERGENCY: _____

REFERRAL SOURCE: _____

OCCUPATION (former. if retired): _____

IF UNEMPLOYED – FOR HOW LONG/REASONS? _____

PLEASE LIST ANY MENTAL HEALTH DIAGNOSIS or issues :

What would you like to receive from coaching?

What do you expect from me as your coach?

If you could accomplish one thing through the coaching process what would it be?

What brings you the most satisfaction?

What are your top 5 frustrations at this time?

What is your spiritual orientation to life?

What are your goals for coaching?

Add any other comments or concerns

Please bring this form with you to your coaching session.