

Confidential Client Intake Form



MARTINA RINK

FEMALE LIFE & SOBRIETY COACH

+34 690 33 94 13 (Work Mobile & Whatsapp)

www.martinarink.com

coaching@martinarink.com

General Information

Name	Date of Birth
Address	
City	Zip Code
Phone	Email
Employer	Occupation
Emergency Contact Name	Phone
Would you like to be added to our email list for tips and promotions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about us?	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Polyamorous <input type="checkbox"/> _____	
Preferred pronouns:	

Medical History

Please check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> ADD/ ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Physical Abuse |
| <input type="checkbox"/> Alcohol/ Drug Abuse | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Suicidal Thought |

Are you currently taking any medications? Yes No

If yes, please explain:

Have you had any therapy or coaching services in the past 30 days? Yes No

If yes, please explain:

Do you have trouble sleeping? Yes No

If yes, please explain:

Are you dealing with any addictions? Yes No

If yes, please explain:

Are you currently seeing a therapist? Yes No

If yes, please explain:

How would you rate your overall physical health? Excellent Great Good Fair Poor



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Why have you decided to work with a life coach?

What part of your life is working well?

What part of your life could be working better?

What are your expectations from this coaching relationship?

What would you like to focus on first when working with me?

What do you consider your strengths?

What do you consider your weaknesses?

If you knew you couldn't fail, what would you love to do?



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Habits & Lifestyle

Are you usually Early On time Running late

Do you exercise regularly? Yes No

If yes, please describe what you do and how often:

Do you watch TV? Yes No

If yes, when and how often?

Do you have hobbies? Yes No

If yes, what are they and how often do you do them?

What do you do for fun?

Goal Information

Please answer the following questions to the best of your ability:

What are your personal goals?

What are your professional goals?

What changes would you like to make in your life right now?

What obstacles keep you from reaching your goals?

How do you define success?



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