



Client Intake Form

LebenWell Behavioral Health Coaching, LLC, is happy to welcome you as a new client. We are excited that you chose us to help you achieve your personal goals. Please complete the following information (confidential) and return via VSee file share, email (*LebenWell Secure*), or fax to begin the process.

Full Client Name: _____ Date: _____

Date of Birth (mm/dd/yyyy): _____ Marital Status: _____ Occupation: _____

Referral Source _____

Self Referred? Yes _____ No _____

How did you learn about LebenWell if not referred? _____

EAP/Corporate Client

Company Name: _____

Title/Job: _____ Individual Session ___ Package/Program Session ___

Contact Information

Address: _____

City: _____ Country _____

State/Prov.: _____ Zip/Postal Code _____

Fax (if applicable, include area code): _____

Skype/VSee/Video Conferencing address: _____

Home Phone (include area code): _____ mobile _____

Work Email: _____

Home Email: _____

Work Telephone and Email (optional): _____

Preferred means of contact: _____ Best days/times to contact: _____

COACHING SERVICES

TYPE OF COACHING: Health ___ Life ___ Career ___ EAP/Employee ___ Program ___



Preferred Session Day/Time/Frequency: _____

Preferred means: Skype/VSee _____ Telephone _____ Site _____ Email/Chat _____

Preferred Start Date: _____ Initial Number of Coaching Sessions _____

Initial free consultation (requires *Free Consultation Form*) completed: YES _____ NO _____

Signed Coaching Agreement/Consent: Yes___ No___ Free Consultation Questionnaire _____

Previous Coaching: Yes___ No___ Results/Success 1 – 10 rating: _____ Reason: _____

Fees and Payment Options

Session Pack _____ Individual Session _____ Coaching Program _____

LebenWell.com Bookings/PayPal credit card payment (or alternate e.g. Wave, 10to8, etc) _____

Cash on site (check, if yes) _____ EAP/Corporate paid (check, if yes) _____

COACHING GOALS / AGENDA

What would you like to achieve through coaching, for what compelling reasons, in line with what specific vision of your desired future, and through what preferences of coaching method/style?

What's gotten/getting in the way of you achieving your desired outcomes, and what do you think will help you overcome and succeed (consider previous successes/goals you have achieved)?

On a scale of 1(not) – 10(completely), how ready are you to devote the time, energy, and attention to working on what you would like to achieve through coaching? How do you know?

Rate on a scale of 1 (unsatisfied) – 10 (completely fulfilled):

- Physical Health/Wellbeing
- Emotional/Mental Health
- Friends (real/close)
- Family
- Fun, Hobby, Leisure
- Home/physical environment
- Geography/natural surround
- Life balance/integration
- Spirituality/religion/transcendent
- Happiness/life satisfaction (whole)
- Spouse/partner
- Finances/money
- Community/social
- Living your values
- Development/growth
- Feeling supported
- Free time
- Contributions/service
- Using your strengths/gifts
- Career/occupational
- Gratitude
- Sex life

Which of these areas, if addressed first, would most help leverage progress on the rest?



Current medical/psychiatric diagnoses, and treatments received:

Diagnoses:

Treatments: _____

Provider release and/or collaboration and record sharing (if applicable) - YES or NO -
Details: _____

Personal Profile – Free Consultation Questionnaire (separate document)

Please complete the *Free Consultation Questionnaire* and submit by email prior to your free consultation and/or first coaching session:

What do you have going for you, and what are you grateful for in your life right now?

What most enlivens you, and what most drains and depletes you in your life right now?

What do you need your Coach to know about you before you begin: _

Disclaimer:

The Client is aware that the coaching relationship does not represent psychological counseling or any kind of therapy or medical treatment. The Client is also aware that coaching results can vary, are not guaranteed, and enters into coaching with the understanding that the Client is responsible for his/her own decisions and results. The Client also agrees to hold the Coach free from all liability for any actions or results for adverse situations created as a direct or indirect result of guidance, consulting, and encouragement given by the Coach. The Client is aware of the Coach's background, coaching options and resources available on the LebenWell website (e.g. Code Ethics, forms, Coaching Agreement) as well as applicable coaching expiration dates.

(Client initials): _____

Session Contact Procedure:

The Client shall contact the Coach at the agreed hour by the agreed means (Coaching Agreement). If the Client fails to make the appointment time (absent extenuating emergency), the Client is still responsible for the coaching fee, unless 24 hour notice was given to reschedule the session. The Coach will make every effort to reschedule with the client.

Client Signature

Date

Coach Signature

Date