

*In Touch Coaching LLC*  
**New Client Information Form**

*Please provide the following information and answer the questions below.*

**Client Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is it okay to leave messages at these numbers?  Yes  No

If no, please list a number where messages can be left: \_\_\_\_\_

E-Mail Address (\* Required): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status:

Never Married  Married  Domestic Partnership  Divorced  Widowed

Anniversary Date (if applicable): \_\_\_\_\_

Have you ever been married prior to your current relationship?  Yes  No

If yes, when? \_\_\_\_\_

For appointment scheduling, what are the best times/days? \_\_\_\_\_

Preferred method of contact:  Cell Phone  Home Phone  Work Phone  Email  Text

Occupation: \_\_\_\_\_ Do you like your profession?  Yes  No

Do you have kids?  Yes  No If yes, what are the ages of your kids? \_\_\_\_\_

Do you have a blended family?  Yes  No

If yes, are there any issues in your blended family?  Yes  No

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

Are you dealing with any past or current addictions?  Yes  No

If yes, what kind of addiction(s): \_\_\_\_\_

Have you had any issues with Depression, Anxiety, or ADD/ADHD (Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder)?  Yes  No

If yes, please list what issues and if you are currently taking medication for it:

\_\_\_\_\_

If you are currently in a relationship, what is your commitment level to your relationship on a scale of 1 to 10 (with 10 being most committed)? \_\_\_\_\_

Have you ever been through counseling before?  Yes  No

If yes, did you find it helpful?  Yes  No

How did you hear about me?

Google  Yelp  Thumbtack  Website  Spouse  Referred  Other: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Please answer the following statements honestly by numbering each statement (1 – 5):

<b>1 = Strongly Agree</b>	<b>2 = Agree</b>	<b>3 = Sometimes</b>	<b>4 = Disagree</b>	<b>5 = Strongly disagree</b>
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\_\_\_\_\_ I am committed to making my relationship work.

\_\_\_\_\_ I feel supported by my partner when I am obtaining my goals.

\_\_\_\_\_ I have strong values and beliefs and live a life with high integrity.

\_\_\_\_\_ I am open to using new techniques that will enhance my relationship.

\_\_\_\_\_ I would like to feel more love, respect, and acceptance by my partner.

\_\_\_\_\_ I feel intimacy is an important aspect in my relationship and would like more of it.

\_\_\_\_\_ I have a hard time letting go of the past and feel some resentment toward my partner.

\_\_\_\_\_ I hold myself fully accountable for the mistakes I have made in my relationship and life.

\_\_\_\_\_ I am committed to my partner, the coaching process, and assignments to have a successful and loving relationship.