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NEW COACHING CLIENT INTAKE FORM

Client Name: _____ Date: _____

Date of Birth: _____

Client Address: _____

Client Occupation: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Email Address: _____

Best Time and Place to Reach You (i.e. home, work, mobile):

May I Leave a Message at This Number (if yes, please initial): _____

Referred By: _____

Please Describe Your Reason for Seeking Coaching:

Please List Any Questions You Have:

Please Answer the Following:

1) How many hours per week do you work?

2) What is the level of stress in your job?

3) How long have you worked in your current job or owned your business?

4) What is the level of stress in your life in general?

5) What methods do you employ to help manage stress in your life (please include any exercise or any other means of stress reduction you now use or have used in the past)?

6) Please discuss any present or past health issues:

7) Please list your health care providers (primary care, mental health and alternative providers) and if you are regularly seeing a health care practitioner for any particular concerns:

8) Please describe your diet or eating habits:

How many glasses of water do you drink per day?

How many times per day to you eat sweets or drink sweet beverages?

How many caffeinated beverages do you drink per day?

How many alcoholic beverages do you drink per week?

9) Please describe your sleeping patterns:

10) Do you have any children? Yes No

If yes, please list their names and ages:

If under 18, are you their primary care giver?

Does anyone share this responsibility with you? Yes No

If yes, please list their names and relationship to you:

11) Please describe any other concerns you would like to bring to my attention:

Client Name (please print): _____

Client Signature: _____ Date: _____