Win Life Coaching with Dr. Q

Intake Form

Thank you for taking the time to fill out the following questions. Please complete this form prior to your intake session*.*

1. What is your main concern that you need help with life coaching?

2. What have you done in the past to work on this issue?

3. What has proven effective?

4. What does not help?

5. Are you currently in therapy?

6. What would you like your health and or life to be in 90 days from now? How about 1 year from now? How would you feel if you got this result?

7. What obstacles, challenges, and struggles do you come up with regarding your health/lifestyle?

8. What are 5 things you LOVE about your life?

9. What are 3 things you want to change about you and your life?

10. What do you enjoy about your work (full-time homemaker included)?

If retired, what did you enjoy about your work?

11. What do you find particularly stressful about your current or previous work?

12. What do you enjoy doing in your free time? What do you do to relax?

13. Do you consider yourself to be spiritual or religious? If yes, please describe your faith

or belief.

14. What do you consider to be some of your strengths?

15. What do you consider to be some of your weakness?

16. How would you rate your current sleeping habits?

Poor

Unsatisfactory

Satisfactory

Good

Very Good

If you are having problems, in which phase of sleep are you experiencing issues?

Falling asleep

Staying asleep

Awakening early

Sleep apnea

Please list any other specific sleep problems you are currently experiencing:

17. How many times per week do you generally exercise? \_\_\_\_\_\_\_\_\_\_\_\_ What types of exercise do you participate in:

18.Marital Status:

Never Married

Domestic Partner

Married

Separated

Divorced -- For how long?

Widowed: Please provide the year when your partner deceased:

If married, how long have you been married for and what is your partners name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale of 1-10 (best), how would you rate your relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently in a romantic relationship?

Yes -- How long? \_\_\_\_\_\_\_

No

On a scale of 1-10 (best), how would you rate your relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. What do you hope to get out of our time together?

20. Describe your ideal life coach.

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