

Confidential Client Intake (Coaching with Soul)

General Information

Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____

Preferred Gender Pronouns: _____

Address: _____

City and State: _____ Zip: _____

Phone: (circle one - home/work/mobile) _____

Email: _____

How did you hear about Soul Alchemy? _____

Would you like to receive emails about special offers? Y N

Would you like to receive emails about workshops, classes, or retreats? Y N

Emergency Information *(for in-person sessions)*

Emergency Contact: _____

Phone: _____ Relationship: _____

Physician/Clinic/Preferred Hospital: _____

Phone or Location: _____

Lifestyle Information

Occupation: _____

Type of Activity: (ie computer work, physical labor, repetitive motion, etc) _____

Do you exercise regularly? Y N

What type(s)? _____ How often? _____

Coaching History

Have you received coaching before? Y N

If so, was it a positive experience? Y N Please explain: _____

Do you have questions about this type of work or my approach? Y N _____

What is your primary reason for seeking coaching? _____

Health Information

Are there health concerns you are looking to address or that you'd like me to be aware of?

Are there any traumatic events, experiences, or areas of your body you'd like me to be aware of that may be relevant to your coaching process? _____

Informed Consent

I understand that *Coaching with Soul* is a transformational coaching approach designed to help me identify, clarify, and move towards goals that are important to me.

I, together with my inner guidance, am in charge of the direction we go in my sessions. I take responsibility for communicating to my coach, any confusion, frustration, question, or lack of understanding about how this approach is working.

I agree to contribute with my insights, inspirations, and contributions to the process, to create an atmosphere of collaboration with my coach, for my personal growth and forward momentum.

I understand that *Coaching with Soul* may explore inner barriers to moving towards the life I want, and when a block/barrier is identified, I have a choice as to whether to explore this through healing modalities suggested by my coach. I agree to inform myself about how these modalities work, and engage in accordance with my comfort level.

I understand my coach does not diagnose illness, disease, or any other physical or mental disorder. I understand coaching is not therapy, or a substitute for medical care or psychological treatment.

I have disclosed on this confidential intake any concerns or questions I have.

Client Signature

Date

Parent or Guardian Signature (if client if under 18 years of age)

Date