

NEW HEIGHTS COACHING
INTAKE FORM

Name: _____

Pronouns: _____

Age: _____

Birthday: _____

Phone: _____

Email: _____

Address: _____

Occupation: _____

Marital Status (circle one): Married, Separated, Divorced, In A
Relationship, It's Complicated, Single.

Children?: Yes No

If yes, How many? Ages? _____

Emergency Contact: _____

Medical Conditions: _____

Medications and Supplements: _____

Drug and/or Alcohol usage: _____

Mental Health History: (please list any conditions and/or experiences you deem relevant) _____

Have you ever tried Therapy or Coaching Before?:

If so, what was your experience like?: _____

Briefly describe any issues or concerns you are facing in your life:

What would you like to get out of our work together?

Please Return This Form To: newheightscoachingusa@gmail.com

