



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

## Intake Form

### Client Info

Name: \_\_\_\_\_ Prefer to be called: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Other identities that are important to you:

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Occupation: \_\_\_\_\_ How long? \_\_\_\_\_

Highest grade completed/ Degree earned: \_\_\_\_\_

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

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

Okay to leave voicemail? Yes \_\_\_ No \_\_\_ Okay to text? Yes \_\_\_ No \_\_\_

Driver's License #: \_\_\_\_\_

Relationship status: \_\_\_\_\_ Ever married? \_\_\_\_\_ Divorced \_\_\_\_\_?

Cohabitated with a partner? \_\_\_\_\_ Any children? \_\_\_\_\_

Who lives with you in your home?

| Name | Relationship | Age | Occupation |
|------|--------------|-----|------------|
|      |              |     |            |
|      |              |     |            |
|      |              |     |            |
|      |              |     |            |

**Emergency Contact**

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

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

**Education and/or Coaching Focus**

What specific problems/concerns bring you to education and/or coaching?

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Who is part of your support team/who in your life do you discuss relationship concerns with?

| Name | Relationship |
|------|--------------|
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Describe your parents' relationships. What is their relationship like with you? What is their relationship like with each other?

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*(Family Sessions Only)* Describe your family dynamics and culture.

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*(Partners Sessions Only)* Describe your previous significant partnership(s).

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*(Partners Sessions Only)* Describe your current significant partnership(s).

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*(Group Sessions Only)* List topics you would like to attend group sessions for.

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