



## Coaching Readiness Intake Questionnaire

*This form screens for clinical risks while helping you gauge client goals. Send this digitally alongside your consent form.*

### Part 1: Contact & Location Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Physical Location during Sessions (City/State): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

### Part 2: Goals & Expectations

1. What specific areas of your life or emotional well-being are you looking to improve? (e.g., stress management, relationship patterns, life transitions, daily resilience)

\_\_\_\_\_

2. What are 2 or 3 specific outcomes you hope to achieve through coaching?

\_\_\_\_\_

3. Coaching requires active homework and experimentation between sessions. On a scale of 1–10, how ready are you to implement changes? [ \_\_\_\_ ]

### Part 3: Coaching Readiness & Safety Screen

1. Are you currently receiving care from a licensed therapist, psychologist, or psychiatrist?

Yes  No

If yes, what goals are you working on with them? \_\_\_\_\_

2. Are you currently taking any psychiatric medications?

Yes  No

3. In the past 6 months, have you experienced severe depression, acute anxiety, panic attacks, or thoughts of self-harm that significantly disrupted your daily ability to function?

Yes  No

*Note: Answering "Yes" does not automatically disqualify you, but it helps us determine if coaching or clinical therapy is the safest fit for you right now.*