**INTAKE FORM**

|  |
| --- |
| DATE:  |
| NAME:   |
| DATE OF BIRTH:   |
| NAMES OF IMMEDIATE FAMILY MEMBERS:   |
| EMERGENCY CONTACT (NAME, RELATIONSHIP, PHONE): |
| MARITAL STATUS: (circle) SINGLE MARRIED SEPARATED DIVORCED WIDOWED |
| EMAIL (to confirm receipt of this form):   |
| ADDRESS:  |
| Street:   |
| City:   |
| Province:   |
| Postal Code:   |
| PHONE (circle preferred):  |
| (H)   |
| (W)   |
| (CELL)   |
| NAME OF SCHOOL:   |
| GRADE/YEAR (or equivalent):   |
| PROGRAM (if applicable): |

|  |
| --- |
| WORK STATUS:  |
| 1. CURRENTLY EMPLOYED AS A  |
| 2. LOOKING FOR EMPLOYMENT AS A   |
| 3. INVOLVED WITH UNEMPLOYMENT ORGANIZATION TO FIND WORK |
| 4. GOING TO COLLEGE/UNIVERSITY AT   |
| 5. GETTING SPECIFIC VOCATIONAL TRAINING AT   |
| ANY FORMAL DIAGNOSES (MEDICAL/PSYCHOLOGICAL/SOCIAL):   |
| ANY MEDICATIONS (dose and frequency):   |
| SPECIFIC CONCERNS (State your specific concerns and those expressed by others): |
| ANY HISTORY OF SUICIDAL THOUGHTS OR GESTURES (words or actions):   |
| ANY AGGRESSIVE BEHAVIOURS (e.g., hitting, biting, or verbal threats):   |

|  |
| --- |
| POSSIBLE SERVICES DESIRED (Check all that apply and explain specific areas of interest) |
| 1. INDIVIDUAL COACHING |
| 2. POSITIVE THINKING |
| 3. EMOTIONAL INTELLIGENCE |
| 4. GRIEF |
| 5. SELF-AWARENESS |
| 6. HEALTH AND WELLNESS |
| 7. STRESS MANAGEMENT |
| 8. TIME MANAGEMENT |
| 9. CONFLICT RESOLUTION |
| 10. FINANCIAL WELLNESS |
| 11. MANAGING CHANGE |
| 12. OTHER (PLEASE SPECIFY) |
| AVAILABILITY FOR APPOINTMENT TIMES (the more times you list, the easier it will be to make an appointment):   |
| HOW DID YOU LEARN ABOUT YOUR NEW LEAF? |
| REFERRAL SOURCE:   |

|  |
| --- |
| ADDITIONAL COMMENTS:  |
| My biggest strength is: |
| My biggest weakness is: |
| Fears or concerns about coaching:  |
| Goal or expectation of coaching:  |