**INTAKE FORM**

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| 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): |

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| 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): |

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| 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: |

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