Coach Finch: ICF Certified Life Coach

Kenathius L. Finch, CLC Business Address: 1260 Lake Blvd. #201, Davis, Ca 95616 Mailing Address: P.O. Box 4528, Davis, Ca 95617 menslifecoach@coachfinch.com, 530-554-3567

INDIVIDUAL INTAKE

Please fill out the following intake information as completely as possible. Thank you.

		Date:		
Your Full Name:		(AKA's):		
Birth date:	Age:			
			Widowed Since:	
Address:		City:	Zip:	
E-mail:	G 11			
		<u> </u>		
Employment Position and Children: Full Name			School Name & Address	
			School Name & Address	
1				
2				
3				
4				
5				
Emergency Contact (Nam	e, Phone, Relation	onship):		
How were you referred to		- /		
· ·		ibunrofen) Medications, Recreation	onal Drug Use, and/or Supplements	
Name:	•	Why are you taking this?:	•	
			Date Started:	
Name:		Why are you taking this?:		
Name:		Why are you taking this?:		
Name:	Amount:	Why are you taking this?:	Date Started:	
		iracle happens and your challenge acle has occurred? What would be	s are solved. When you wake up in different?:	

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Wish List

Please complete the following wish list by putting a check mark next to each item of interest. Check as many boxes as you like.

I would like to become more: ☐ Social ☐ Involved in an Organization ☐ Intellectual ☐ Involved in ☐ Productive ☐ Physically Active ☐ Service-Oriented ☐ Family-Oriented ☐ Thoughtful ☐ Involved in the Community ☐ Fun-Loving ☐ Giving ☐ Well-Read ☐ Spiritual ☐ Relaxed ☐ Educated ☐ Well-Traveled ☐ Happy ☐ Skilled ☐ Goal-Oriented ☐ Creative ☐ Religious ☐ Artistic ☐ Playful ☐ Independent ☐ Financially Prosperous ☐ Knowledgeable about ☐ Healthy ☐ Involved in a new relationship What culture(s), ethnicity, and/or heritage do you associate with?: Who is a source of support for you?: Do you have any religious and/or spiritual beliefs?: How much sleep do you average per night?:_____ Do you feel tired after being awake for 30 minutes? How often do you consume caffeine? What does your exercise habits look like?: When was the last time you had medical exam that included blood work? What were the results?_____ What is the highest grade you completed?: Does anyone in your family have any known mental health challenges? Any treatment?:

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Have you or anyone in your family ever used any kinds of drugs, including alcohol?:
Any current use?:
Do you see or hear things that other people do not see or hear?:
Have you or anyone in your family attempted to kill themselves or harm themselves in anyway? Any current thoughts of suicide?:
Was there any violence: physical, emotional, sexual, and/or psychological harm that has happened with you or anyone else in your family?:
Do you have any siblings?:
Briefly, what was your relationship like with your family growing up?
Any previous coaching or counseling?:
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