Professional Mental Health Coaching Intake Form

This form is for informational use in a coaching relationship and does not constitute clinical or medical documentation. It is not a substitute for professional diagnosis or treatment and should be reviewed with a legal consultant before official use.

Purpose of This Form

The information you provide in this intake form helps your coach understand your current situation, background, and coaching goals. It is used to ensure that coaching services are appropriate, to support your overall well-being, and to help identify if additional support or referral may be beneficial. Your responses will remain confidential in accordance with ethical guidelines and will only be used to guide the coaching process.

1. Personal Information

Today's Date: _____
First Name: _____ ***Last Name:*** _____
Address: _____
City: _____ ***State:*** _____ ***Zip Code:*** _____
Phone (Mobile): _____ ***Phone (Home):*** _____
Email Address: _____
Date of Birth: _____ ***Age:*** _____ ***Sex:*** *M / F / Other*

2. Emergency Contact Information

Name: _____
Relationship: _____
Phone Number: _____
Location (City/State): _____

3. Marital & Family Status

☐ *Single* ☐ *Married* ☐ *Divorced* ☐ *Separated* ☐ *Widowed*
If married, spouse's name: _____
Spouse's occupation: _____
Children (names and ages): _____

4. Education & Occupation

Are you a current student? ☐ *Yes* ☐ *No* ***School name (if applicable):*** _____

Highest degree or years of schooling completed: _____

Current occupation: _____

Are you satisfied with your work? _____

5. Counseling or Coaching History

Have you worked with a counselor or coach before? ☐ *Yes* ☐ *No*

If yes, when and for how long? _____

What issues were discussed? _____

What did you find helpful in that experience? _____

What was not helpful? _____

Are you currently under the care of a licensed mental health or medical provider?
☐ *Yes* ☐ *No*

If yes, please list their name/role (optional): _____

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6. Medical & Risk Screening

Do you have any current medical issues the coach should be aware of? ☐ *Yes* ☐ *No*

If yes, please explain: _____

Have you ever struggled with any kind of addiction? ☐ *Yes* ☐ *No*

If yes, please describe: _____

Have you ever seriously considered or attempted suicide? ☐ *Yes* ☐ *No*

If yes, when? _____

Are you currently taking any medications? ☐ *Yes* ☐ *No*

If yes, please list medications and their purposes:

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7. Spiritual Background

Church affiliation (if applicable): _____
How often do you attend? _____
How would you describe your relationship with God?

Would you like your coach to integrate spiritual or biblical principles into your sessions?
☐ *Yes* ☐ *No* ☐ *Unsure*

8. Current Coaching Goals

What is the main issue or challenge you hope to address in coaching?

Rate the severity and frequency of this concern:
Concern Level:
☐ *No concern* ☐ *Little concern* ☐ *Moderate* ☐ *Serious* ☐ *Very Serious*
Frequency:
☐ *Never* ☐ *Rarely* ☐ *Sometimes* ☐ *Frequently* ☐ *Nearly Always*

What would you like to change?

How would you know if things improved?

What has helped you in the past?

What has not helped?

What support systems do you currently have?

9. Referral Readiness

Are you open to being referred to a therapist or medical professional if needed?
☐ *Yes* ☐ *No*
If no, please explain: _____

10. Additional Information

Is there anything else your coach should know to support you effectively?

11. Consent to Share

☐ *I consent to allow my coach to share limited, relevant information with supervisory personnel or referred providers for the purposes of ethical oversight or continuity of care. My identity will be protected when possible, and only necessary information will be shared.*

12. Notice of Inactivity-Based Termination

If more than ninety (90) days pass without any scheduled sessions or communication, the coaching relationship will be considered inactive and automatically closed. You may request to resume coaching at a later time, pending availability.

13. Client Acknowledgment & Signature

By signing below, I affirm that the information provided above is accurate to the best of my knowledge. I understand this intake form is for use in a coaching relationship and is not a substitute for clinical diagnosis, therapy, or medical treatment.

Client Signature: _____ ***Date:*** _____
Coach Signature: _____ ***Date:*** _____

A copy of this form is available to the client upon request.