

Information Form for: Last Name _____

First Name _____ Birthdate _____ Age _____

Residence Street _____ City _____ State _____ Zip _____

Phone Home ____ - ____ - ____ Work ____ - ____ - ____ Cell ____ - ____ - ____

Email _____ @ _____ . _____
(please print clearly)

Physical History

General Health _____

Medications and Drugs (including alcohol, nicotine, caffeine) history and current _____

Any major illnesses, injuries, traumas or events I should know about as we begin? _____

Intellectual History

Highest Level of Education _____ If College, major? _____ When? _____

Past coaching or counseling _____

Work History

Occupation _____ Employer _____ How Long? _____

Current Job Satisfaction _____ Level 1-10, 10 being best

Information Form Page 2: Last Name _____

Family System Information

Birth Place

Ethnic ID

Describe your *parent's* relationship and current status (Married/Divorced, Health/Deceased, etc.)

Describe *your* current relationship status

Siblings

Describe your children, if any

Spiritual History

Describe your religious/spiritual upbringing and current practice, if any

Personal Responsibility

_____ I understand that my coaching will include "homework exercises" such as reading, writing, affirmations, changing behaviors, and otherwise acting in my own best interests. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding my work with my coach. (Please initial to indicate your agreement)

Print Name _____ Signature _____ Date _____

Additional Information

Please let me know anything else you think I should know to facilitate our working together. Any special circumstance that might limit your full participation should be listed here.

Referred by (please include name and contact information if you can)

Bonny King-Taylor

Counseling ● Coaching ● Advising

202.544.0733 ● bonny@bonnyking-taylor.com ● www.bonnyking-taylor.com