

## Client Intake Form

Mr./Mrs./Miss/Ms./Other: \_\_\_\_\_ Name you like to be called: \_\_\_\_\_

Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred mode: \_\_\_\_\_

Home Email: \_\_\_\_\_

Work Email: \_\_\_\_\_ Preferred mode: \_\_\_\_\_

Best time to reach you: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ E.C.#: \_\_\_\_\_

Date of Birthday: (d/m/y) \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Name(s) &amp; Age(s) of Children: \_\_\_\_\_

How did you learn about my services? \_\_\_\_\_

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### Office Use Only

Audit Completed: \_\_\_\_\_ Other Form: \_\_\_\_\_

Signed Coaching Agreement: Y/N \_\_\_\_\_ Detailed Coaching Plan (if applicable): Y/N \_\_\_\_\_

Get the most out of Coaching Document: Y/N \_\_\_\_\_ Coaching Questionnaire: Y/N \_\_\_\_\_

Preferred Payment (cash/cheque/ettransfer): \_\_\_\_\_

Note: \_\_\_\_\_